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FOR

- STATE

REGISTRAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

COUNTY

22c. DATE SIGNED

STATE

26 HOUR 10:38pm

Restaurant

Butler

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

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SIATE   REGISTAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.		-	FOR			STA	ATE OF	MARYLAND	UVOIENIE				
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Male Caucasian July 23,1959 22 YRS    The Children of What Country   Management   The Children of What Country   T		3. SE	4, R		5. DATE OF BIRTI	6. AGE (IN)	EARS IF U	INDER 1 YR. IF UNDER	R 24 HRS. 2ε.	DATE	MONTH		
13. BIRTHPLACE (STATEON FORESTOCKOUNTRY)   13. MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NOTICE		Ma	le Ca	urasian	Aller .	THE PARTY OF THE P		THS DAYS HOURS	MIN. PRO	NOUNCED DEAD	4	14 10 82	4p. 4
Maryland   U.S.A.   MODINE   DIVORCED   Prince George's County   Maryland   II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   1720 USUAL OCCUPATION (1779 OF WORK)   1720 NINGLATION (1779	[	70. BI	RTHPLACE (STATE		76. CITIZEN OF V	VHAT COUNTRY?	8. MAR	RIED NEVER MARE	9. B.	ALTIMORE CITY O			1.15
Riverdale    Commission   State   Commission   Commission	1	M	aryland				WIDO	WED DIVOR	CED D PI	ince Geo	rge's	County	T ME
USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMESSION) 136 STATE 136 COUNTY MATYLAND P.G. RIVERDALE 136 COLINITY 137 COLINITY 136 COLINITY 137 COLINITY 137 COLINITY 137 COLINITY 137 COLINITY 137 COLINITY 138 STREET ADDRESS 4704 Somerset Road  4704 Somerset Roa	-			DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS	)		FOR MOST	OF WORKING LIFE]	OF WORK	126 KIND OF B OR INDUS	USINESS TRY
13	1			AUDING HOUSE	Lela	and Memori	al E	Hospital	Stude	ent		School	
14. FATHER'S NAME PROTECTION  15. MOTHER'S MAIDEN NAME PROTECTION  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY:  19. DUE TO, OR AS A CONSEQUENCE OF  (c)  19. CARDIOPULMONARY  (c)  19. CARDIOPULMONARY  19. CONDITION FOR WHICH OPERATION WAS PERFORMED?  19. CAUTOPSY?  YES NO INC.  20. AUTOPSY?  YES NO INC.  21. EXTERNAL CAUSE WAS  19. CONTRIBUTING OR CONTRI		13a. S	TATE	136 COUNT	Υ	13c. CITY OR TOWN			13e. STREET	ADDRESS	10000	The same	
Dan  C. Edney Barbara A. Babbitt  166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO  18. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  Brain death DUE TO, OR AS A CONSEQUENCE OF  OUT To, OR AS A CONSEQUENCE OF  USE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GAITH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GAITH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GAITH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GAITH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GAITH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  PART 2 OTHER SIGNIFI	j	Section 1		P.(	G.	Riverdal	e			Somerset	Road		
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WHILE DOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE		ICA	CONTRIBUTING [	CAUSE OF DI		17							
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death resulted fram: Natural causes, Accident, Suicide			ACTUAL A	ugusto	HO	refles.			X		DATE	4/35/1	982
death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, TITLE (SPECIFY)	5		SIGNATURE	1	1	118		W.D. Depacy	MEDICAL	EXAMINER	SIGNED	)	BUSINESS SSTRY  It  THE AS  VALUE INTERVAL VISET AND DEAL  SY?  STATE  1982  Md.
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death resulted fram: Natural causes, Accident, Suicide Hamicide Undetermined manner		23a. B									пріс		Mar.
death resulted fram: Natural causes Accident, Suicide, Hamicide Undetermined manner  ACTUAL SIGNATU M.D. Deputy MEDICAL EXAMINER DATE SIGNED 4/15/1982  EXAMINER'S NAME Augusto P. Rodriguez, M.D ADDRESS 5009 Rayburn Ct., Temple Hills, Md.		(5				Riverda	le Ba	ptist Mem.	CITY OR TO	WN	COUNT	G Man	wland
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death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY)  ACTUAL SIGNATU M.D. Deputy MEDICAL EXAMINER DATE SIGNED 4/15/1982  EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md.  230. BURIAL, CREMATION, REMOVAL TABLE LOCATION COUNTY		F.	Gasch's	Sons F.	H. P.ADDRE	lyattsville.	Md.		KTA	1982 196	mer of		gran.
death resulted fram: Natural causes									***********				

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Dan C. Treer

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	STATE OF MARYLAND						
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE &	2	1	0	6	7	
REGISTRAR	CERTIFICATE OF DEATH	REG NO					

		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUF
	( TYPE	CALVIN	W.	ENGLISH	4.	1.83 72
	3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER
		MALE	Caucasian	0°°t. 14, 1914	67 YRS	
P Puce	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY).	76 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
()	_	rginia TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DISTRIBUTION	PRINCE GEORGE'S	
86		LINTON	(IF NOT IN SUCH FACILITY, GIVE STREET SOUTHERN MARYLA)	ND HOSPITAL	Freight Condu	industry Rails
34	13a S			N 1134 INSIDE CITY HANTS?	13. STREET ADDRESS 6300 Middleto	on Lane
1		ther's NAME elvin M. Engl	nish LAST	Annie E.		LAST
hedical	16a V	AS DECEASED EVER IN U.S. AR	F W LD CD D LYSS)	rity no. 17 informant -7769 Pargaret	ADDRESS  F Fralich Se	ame As 13
or other traumatic ex		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)		0N ( <u></u>	17/
ıy ınlury, o	MOIT			DEATH BUT NOT RELATED TO THE TERM		
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USER YING CAUSES OF DEAT S NO
9		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		Y YEAR 19 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)
200	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY 51
SE 57 E	ď	sow the deceased alive on above, (1) (www) (diese (did no	tel) attended the deceased from		, to Affect , death occurred on the date and hou	
Z		22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)	Asla.	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	72. DATE SIGNED
		Doctor Nedzb			an Head Highwa	ay, Oxon H
		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TO	countr a
	Bu	ırial	04/03/82 Ft Funeral Home,	Eincoln Cemet	ery Brentwood	MINE SCHANGE

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16,000 Annapolis Rd. Bowie, Md.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25 HOUR

HOURS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

COUNTY

22c DATE SIGNED

Stephen Male Cuc sta 12-26- 1906 ireland springer was a little springer scorace Laurel Murs and Home Bus Moch micket. MYC T Mr. Pr. Seo. Borne Hots High He Enright Sarbird Evans 083-62-461 Buotti Kessler Sine ss filight THE PROPERTY AND SEE STATE OF THE SEE As Mark Usina L THE PROPERTY AND THE PROPERTY OF THE PROPERTY Burt 1 L-22-82 Kt. St. Marys Flushing Sucens NY seell Funeral home 16,000 Agracolis Response, Me.

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FOR STATE REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	WE O TO THINK				RE	G. NO.		
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEA		DAY YEAR	2b HOUR
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3 SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LA		IF UNDER I YEAR	
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7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIE	- 9 BALTIMORE CI			
	RTH CAROLINA	USA	WIDOW			EORGE '	S COUNTY	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTIO		PATION	12b. KIND (	OF BUSINESS OR
AN	DREWS AFB	MALCOLM GROW		DICAL CENT		OST OF WORKING	RESOU	RCE
USU 13a. S	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION GIVE RESIDEN	OR TOWN	113d. INSIDE CITY LIM	ITS? 130 STREET ADDR	200		
WA	SH., D.C.	Was	shington	YES NO		KAS AV	E S.E. W	ASH., D.
14. F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAID	ENNAME		Y	
			WELL	SALLY	MIDE	lt.	PENDER	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	A	DDRESS	1 BNBBR	GRAT I
,			-38-1273	BUFFINGTON	N FALLS 3577	TEXAS	AVE S F	WACH D
	8 CAUSE OF DEATH (Enter on	ly one couse per line for to				- LIMITO		IMATE INTERVAL ONSET AND DEATH
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	Conditions, if any, which gave rise to immediate	(b)	METAST	+IIC DIKE	AST CANCE	_		
	cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF					
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	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE	E TERMINAL DISEASE OR	ONDITION	GIVEN IN PART 1	0
CERTIFICATION								
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TIE					YES NO!		TIFYING CAUSES	NO []
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	THE BAN WEAR	21c. HOW INJURY O	CCURRED (ENTER NATURE OF		8 PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	3335				
MEDICAL	21d INJURY OCCURRED	210. PLACE OF INJURY		211, LOCATION				
W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE, FARM ETC )	STREET	CITY	OR TOWN	COUNTY	STATE
	22a I certify that III the house	tal) attended the decessor	from APR		82 to APR	1 6	87	
	sow the deceased himself	APRIL 6	27	. 17	oinion death occurred on t			that (1) (we) last
	obove, (I) (was ideal and 17h SiGNATURE	view the body after deat	1		omion acom accorred on t	ie dole dha n		
	11 SIGNATURE // //	11		DEGREE	AND MEDICAL	CTAFF	22c. DATE	SIGNED
	/ // /0	76		PHYSIC	ING MEDICAL IAN DIRECTOR PH	STAFF YSICIAN [	APRII	6 1982
	22d. PHYSICIAN THAME	E PRINCE		22e ADDRESS MA	ALCOLM GROW I	ISAF ME	EDICAL CI	ENTER
	RUDOLPH R. ROT	H, CAPT, USA	F. MC		NDREWS AFB MI			
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMAT	ORY 23d LOCATION			
ur	rati	Apr. 10,82	Chapel H	Hill Mem. C		ITH I	I, NUNC.	STATE
24 FL	JNERAL DIRECTOR	Greene Fune	ral Home	25	DATE REC'D. BY REGIST			URE
	0 / /	Alexandria, V			APR 1 3 198	The	The state of	11 de -
					ACCURATION OF THE PERSON OF TH	1 1/1 000	//	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

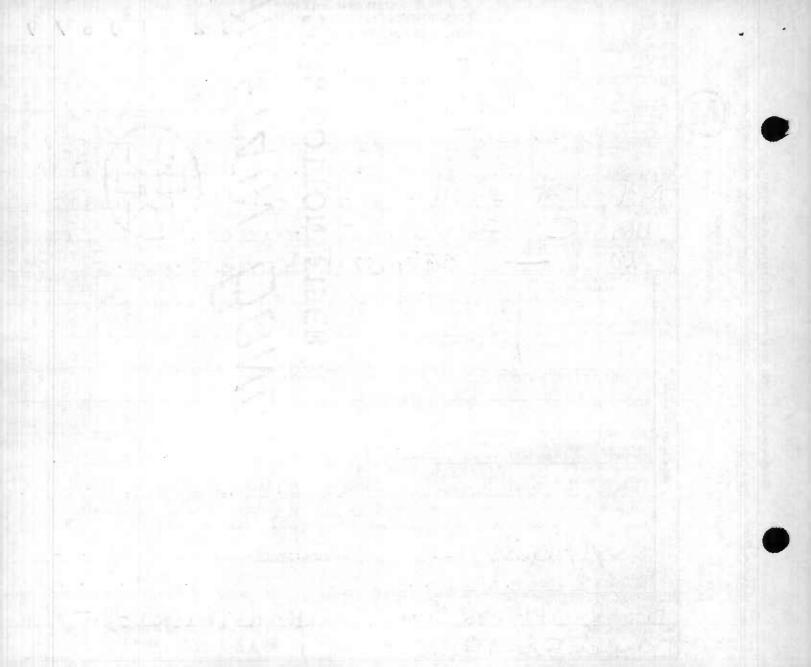
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completal villes in the should be detached for use as the burial-transit permit. Their please remove corbon papers. Pages 1 and 2 thould be liked with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exam

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30 (107)	Male 70 BIRTHPLACE	White	CITIZEN OF WHAT COUNTR	YRS.		DEAD	4	16 19 8	82 p M
SERVICE SERVIC	FOREIGN COUNTRY	1 1 -	CITIZEN OF WHAT COUNTR	MARRIES	NEVER MARR	RIED 🔲	ORE CITY OR COU	NIY OF DEATH	
25 S S 4	10. CITY OR TOWN		NAME OF HOSPITAL, NURSI	WIDOWED		IZO USUAL OCCUP	ce George		
を表がある。			IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		FOR MOST OF WORK	ING LIFE)	PRINDU	ISTRY
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F ANY DEL AND 3 TO RETAIN HOULD BI	130 STATE	DECOUNTY	13c GITY O	TOWN 13	d. INSIDE CITY LIMITS	13. STREET ADDRES	51111	1.0-	
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BALTIMORE, S AFTER DEA GIVE PAGES I'MH FORM P PAGES I AR WISION OF	(YES, NO, OR UNKN	(IF YES, GIVE WAR O	STATES	441130	MICO	50-	04540	50me	C.HO
RS A SHIP	II8 CAUSE	OF DEATH (Enter only on	e couse per line for (o), (b), o	1160	120	Dire ici	90300	APPROXIA	AATE INTERVAL
PRESTON ST., B. ITHIN 24 HOURS CIL IN ITEM 18. G WER ALONG WIT ANSIT PERMIT. P AL HYGIENE, DIN REMOVAL.	PARTIC	EATH WAS CAUSED BY:	Comite	al trauma				BETWEEN OF	NSET AND DEATH
T PED NATIONAL TITON	3 812	2 MMEDIATE CA	DUE TO, OR AS A CONSE						
THIN THIN THIN THIN THIN THIN THIN THIN	Condition	ons, if ony, which	4.					200	
W. W	cause (d	rise to immediate  o) stoting the under-	(b)	QUENCE OF					
201 W. UTED W. IN PEN EXAMILE SIAL-TR D MENI	lying co	ouse lost.	(c)						
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. ED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SI HEALTH AND MENTAL HYGIENE, DIVISION OF UTAL.  14, CREMATION, OR REMOVAL.	PART 2 OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PA	IRI I (a)	=-		
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A A A A A A A A A A A A A A A A A A A		AL CAUSE WAS	1716. TIME OF INJURY HOUR AND MONTH D.	AY YEAR 21c. HOW	V INJURY OCCURRE	ED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
A PACTOR A P	CONTRIBUT	ING CAUSE OF DEAT	H 5:15PM 4-16	5- 19 82 Ope	rator in	motorcycle	alauto co	llision	•
DIVISION OF HIS CERTIFICATE WRITING THE W ARDED TO THE ARGE 3 SHOULD F ATE DEPARTMEN 1201 PRIOR TO E	CONTRIBUT 21d INJURY WHILE	OCCURRED	21e PLACE OF INJURY ( STREET, FACTORY, FARM, ETC.)	AT HOME, 21E LOCA		CITY OR TOW	N. (	COUNTY	STATE
THIS WR WAR	AT WORK	NOT WHILE AT WORK	road	Holl	and Cliff	Rd., Hunti	ngtown, C	alvert	Md.
ATE, TATE, ORW, ORW, ILE ST	220 1 cert	tify that I took charge of t	the remains described above,	held on Autapsy	N. Inspectio	on , Inquiry	and in my	opinion	
EXAMINER: CERTIFICATE JID BE FOR WITH THE S ARRYAND	deoth resul	ted fram: Natural ca	uses , Accident X	, Suicide ,	Hamicide .	Undetermined man			
EXAM CERTII DOIRE WARRY		AN16	20		TITLE (SPECIFY)				
A HE	ACTUAL SIGNATURE	ANU	avr	M.D.	Assistan	+ MEDICAL EXAMI	NER SIGN	E 4-17-	-82
MEDIC CUTE T SE 4 SH FUNER FINAN	EXAMINER	NAME	W D: W D		1.1	1 D C1	Dalda	Mal	1201
	(TYPE OR PR	NT)/\\	M. Dixon, M.D	AU	DKE22	1 Penn St.	, васто.,	, MG . Z	21201
PAE PAE	PECIFY)	ATION, REMOVAL 236, D	ATE 23L NA	OF CEMETERY OR C	REMATORY	23d LOCATION		ZUNITY	STATE
BP	1000	17-	14-89 DO	mara Illen	one or	10 Dink	inc Ca	MOT Y	hd
DHMH-17	NAME NAME		ADDRES6	Dulnan	A DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S	GNATURE	
(VR A15 ME (5) )	Tim	wor the	sol Home	70	19)	N 6 0 130Z		9	



	PE OR PRINT)	NE FIRST		WIDDLE		LAST	20. DATE KNOWN OF ESTI-	НТИОМ 💢	DAY YEAR 2b.
1		JOSEPH				LARDO	DEATH MATED	<sup>4-11</sup>	1982
3. SE	X	4. RACE	5. DATE OF BIRTH			NDER 1 YR. IF UNDER	MIN. PRONOUNCED	MONTH	1982 PAR 1982
	EMALE (S	WHITE	3-19-02	2 8 <del>0</del> WHAT COUNTRY?	YRS.		9. BALTIMORE CITY	4-11	1982
F	DREIGN COUNTRY)					IED NEVER MARRI	ED 📋	ORCOUNTY	OFDEATH
	taly LINTON	OF DEATH	Italy	DSPITAL, NURSING HO	ME. OR OTH		120 USUAL OCCUPATION (	GEORGES	b. KIND OF BUSIN
1	LINION		(IF NOT IN SUCH I	FACILITY, GIVE STREET ADDRES			FOR MOST OF WORKING LIFE) Homemaker		OR INDUSTRY
				GIVE RESIDENCE BEFORE ADMI	ISSION)	fra man amount		1.4	Tome
	ryland	Pr. (	eo.	Clintor		YES NO D	5803 Spyri	Drive	
	ATHER'S NAM FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME		LAST
		Salerno				Concetta			
1	YES NO OR LINKNI	OWN) (IF YES GIVE W	ED FORCES?  (AR OR DATES)	166. SOCIAL SECUR		17. INFORMANT	ADDRE		
N				190-42-8	3286	Gilda De	exter - Same	As 13	
	PARTID	DF DEATH (Enter anly EATH WAS CAUSED		RCINOMA	OF THE	1.71.50			APPROXIMATE INTE
1	15	5 2 IMMEDIATE	CAUSE (a)	R AS A CONSEQUENC	OF THE	LIVER			
1	Conditio	ans, if any, which	00210,0	K AS A CONSEQUENC	EOF				
		ise to immediate  ) stating the under-	DUE TO O	R AS A CONSEQUENCE	F OF				
	lying car	use last.	(6)		. 01				
7	PART 2 OTNER S	IGNIFICANT CONDITIONS CO	INTRIBUTING TO GEAT	N BUT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN PAR	RT 1 (a).		
CERTIFICATION	19a. DATE OF	F OPERATION	1196. CONE	DITION FOR WHICH OP	ERATION W	AS PERFORMED?	-		20. AUTOPSY?
FIG									
		AL CAUSE WAS	216. TIME C		21c. H	OW INJURY OCCURRED	D LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	
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CALCER	CONTRIBUTI	ING JUAUSE OF DE							
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MEDICAL CER	21d. INJURY		21e PLACE			CATION	CITY OR TOWN	COUNT	Υ
MEDICAL CER	21d. INJURY O WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE STREET, FA	OF INJURY (AT HOME,		STREET			
MEDICAL CER	21d. INJURY O WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE STREET, FA	E OF INJURY (AT HOME, CTORY, FARM, ETC.)		sy , Inspection		COUNT and in my apini	
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MEDICAL CER	22a. I certi death result ACTUAL SIGNATUR	OCCURRED  NOT WHILE AT WORK  ify that I taak charge ted from Natura	of the remains de	escribed abave, held an	Autap Suicide M	sy Inspection  Hamicide  DEPSTYFY)	Undetermined manner  MEDICAL EXAMINER	and in my apini ], DATE SIGNED	4-11-82
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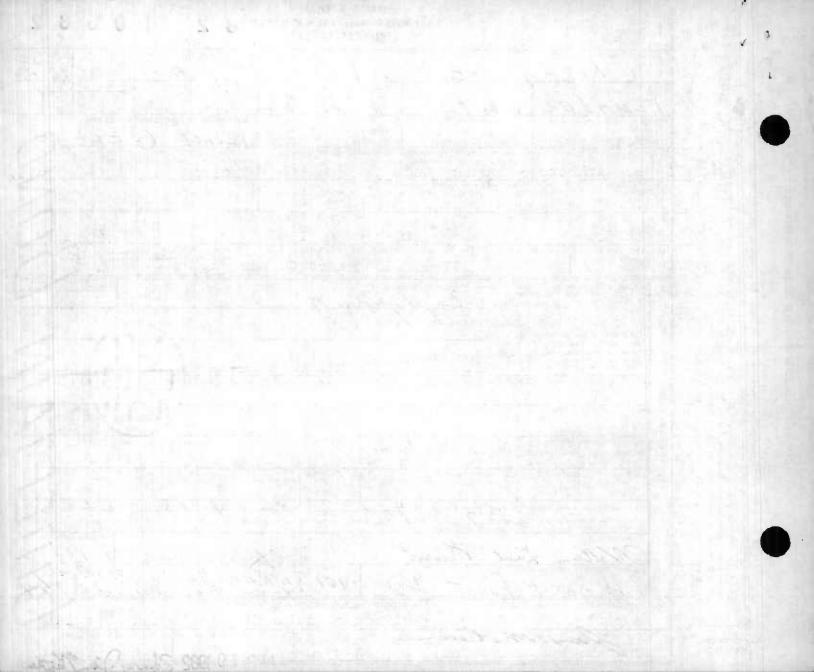
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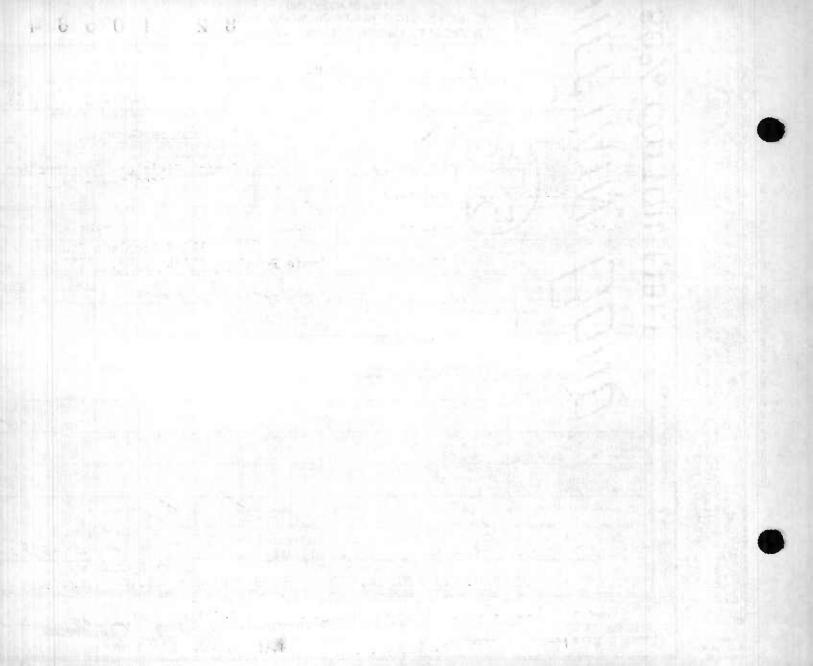
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M.P. Chardar, H.D. Good Landown Bond - Cheverly, Md.

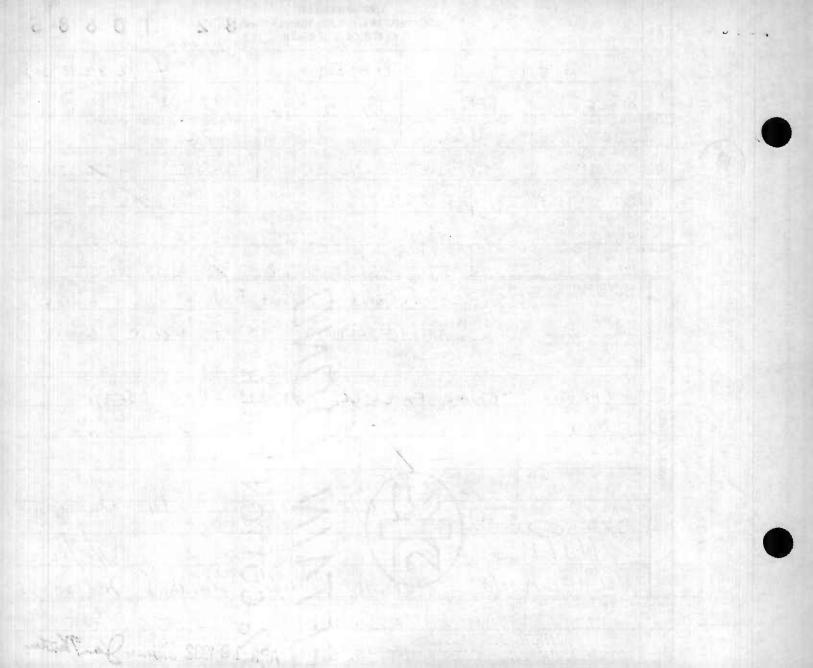
1/14/02 Edlivers Creters Threforeville Se.

S. Smell's Sons F.H. H.A. Pyattaville, Mr.

		FOR					MARYLAND H AND MENTAL	HYGIENE	0	1 0	4 0	-1
		STATE REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE	OF DEAT	H REC	G. NO.	0 0	H
		CEASED NAME	FIRST		MIDDLE		LAST	20.	DATE KNOW	N MONTH	DAY YEAR	2b. HOUR
	(117)	CR PRINT)	Willi			F	utrell		DEATH MATE	D   4.	-25 1982	M
	3. SEX	4.	RACE	5. DATE OF BIRTH	YEAR 6 AGE (IN			ER 24 HRS. 2c.	DATE ONOUNCED	HTHOM	DAY YEAR	2d HOUR 40 11:M
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2	In CI	TY OR TOWN OF	N.C.	II NAME OF HOS	PITAL, NURSING HO	ME OR OT		//	Prince		126. KIND OF BU	
7	1	Suitla		(IF NOT IN SUCH FAC	mer Ave.	(S)		FOR MOS		ichon	Constru	
ž	USUA	L RESIDENCE (IF	IN NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMI	ISSION)	1				mer Ave.	CLION
)	13a, S1	Md.	Prin	ce George	Suitland		13d. INSIDE CITY LIMITS?		T ADDRESS •			
-	14. FZ	THER'S NAME		MIDDLE	\$AST .		15. MOTHER'S MAI	IDEN NAME	MIDDLE	17	LAST "	
Ų	1	Dell			Futrell		Mary				Taylor	
	160. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUE		17. INFORMANT				de Court	
		No_			578-20-1	266	Annie Do	owning	Clinbo	n, Md.	20/3/	E (NITEDVA)
		18. CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	lly ane cause per line D BY:	far (a), (b), and (c),)	7	conditio (	muler	1 deser	ine	BETWEEN ONSE	T AND DEATH
XA.		1156	1 2 IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE	FOF	Corne V		Colore			
AL, CREMATION, OR REMOVAL.			if any, which								3000	
		cause (a) st	to immediate lating the <u>under</u>		AS A CONSEQUENC	E OF						
		lying cause	last.	(c)		SIL						
		PART 2 OTNER SIGN		1	BUT NOT RELATED TO THE T	ERMINAL DISEA	ASE OR CONDITION GIVEN IN	PART 1 (a).				
	CERTIFICATION	ME		ouse.							Inrops	10
-	Z K	190 DATE OF C	PERATION	196. CONDIT	TION FOR WHICH OF	ERATION	WAS PERFORMED?			1	20 AUTOPSY	
5	- 1	21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY	216.1	HOW INJURY OCCUR	RED (ENTER NAT	TURE OF INJURY IN IT	TEM 18 PART 1 OR 1	YES D	NO G
000			OR CAUSE OF		. MONTH DAY YE	EAR						
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				ge of the remains des	cribed abave, held a	n Auto	apsy . Inspec	tion ,	Inquiry A	and in my	apıqian	
		death resulted		ral causes	Accident ,	Suicide [	, Homicide		mined manner		· Marian	
			1.	INV	2.		TITLE (SPECIFY)					6-
	-	SIGNATURE _	/ Yugu	370 /	dujug		M.D. Deputy	YMEDIC	AL EXAMINER	DAT	NED	.82
DALLINGE, MARIENES, ELECTRICAL CONTROL	1	EXAMINER'S N	AME DITTO	GUSTO P.	RODRIGU	EZ . 1	MD	ng Ray	burn (	Spri	Marvla	5 ne
1	22a B	(TYPE OR PRIN'	/				OR CREMATORY	23d. LOC				
H	230.B	SPECIFY) Bur		May 1.19			morial Con	Sil	it and	Md.	OUNTY S	STATE
		UNERAL DIRECT	OR				250. CA	E-REC'D. BY R	EGISTRAR 20	AEGISTI AR	SIGNAL WATER	E,
		VAMN & N	ITLI IAMS	4804	Ga. Ave ,	N.W.	Wash. D	<del>\</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1982	The state of the s	7	



	1	FOR - STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	IYGIENE 8 2	1	0 6	8 5
		CEASED NAME FIRST	WIDDIE		tAST		MONTH D	AY YEAR	26 HOUR
may be page 3	1,,,,	1 OH	N J.	CT/	ANEY	No.	4 1:	282	2:30 AM
	3. SE	X	4. RACE	5 DATE		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
oge 4 rector		MALE	W HITE	MONI	7 96	8	5 YRS	DATS	HOURS MIN.
th. Po		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
9 5		WASHINGTON, D.C.	U SA.	WIDOW			-0-103		MD
by by filed	NE	W CARROLLTON		VERDALE R	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE BOOKBINDE		GEO. A.	SIMONDS
filled in hould be t	130	MARYLAND PRI.	NTY 113, CITY	OR TOWN CARROLLTO	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS 7767 RI	VERDAI	LE ROAD	
pletely nd 2 sh	14. F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN			LAST	MR-PAY
e o		PATRICK		NEY	NELLIE			INORS	
Pages medical			VE WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRE			
0 00	-	NO L		7-09-6150	MARY T.	GANEY SAME AS	13 D	PAUGHTER	
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death ce offendin nave carb atlan, ar i		Conditions, if any, which	DUE TO, OR AS A CO	RTERIOS C	150001	Heart DI	000.0	1 / 10	~01
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gned   n pleo burial		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CONE	DITION GIVE	N IN PART 110	
require	ě	CHRUNIC	RENAL	FAILU		DNIC LUNG	DIS	FASE-	
in.	ICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING	SS USED OF DEATH?
	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		Tax manning	YES NO	YES		NO 🗌
physicial physic		OR CONTRIBUTING CANSE OF DE	TH HOUR A.M. MON	1//1	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT   OR PART 2)	
HYSICIA nding pl his certif bural-t	MEDICAL	116 EITHER NOTIEY MEDICAL BEAMINES	21. DIACE OF INTUIDY	V// 19	211 LOCATION	11/2			
ING PH after th as the lith and orked a	ME	WHILE NOT WHILE O	(AT HOME, STREET, EACTORY	OFFICE, FARIA, PIC)	STREET	N/A CITY OR TOV	W	COUNTY	STATE
or or see of the edith		22a I certify that (1) (this hospi	ital) attended the deceased	d from	18 198	L 10 12	111	082 1	of (II) (we) lost
Pirol For G af H		the dreesed alive or about the e) (did) (did no	and view the had vatter death	19.82 . 0	nd that in my (aur) opini	on death accurred on the da	te and hour	and from the co	ouses stated
OR A bolike Ched Ched Ched Ched		226. SIGNATURE		1	DEGREE	1		220 DATES	NED
ose by the JUNERAL D de Geroce be State D RTANT: If		Withel	mane M.	rey	M. D ATTENDING	MEDICAL STAF		14/13/	52
O HOSPITAL eformed by the TO FUNERAL should be det with the State MPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	· ^/	22e ADDRESS 40.	VICTORIX.	Dr.	3/	
TO HOSP		MICHELI	1/2/1 (	RUZ,M	D Ogp	er Marlb	IVO	md =	20772
	73a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)		NAME FRANC	CIS J. COLLIN			4 0 4000	71	SIGNAL	Keithen
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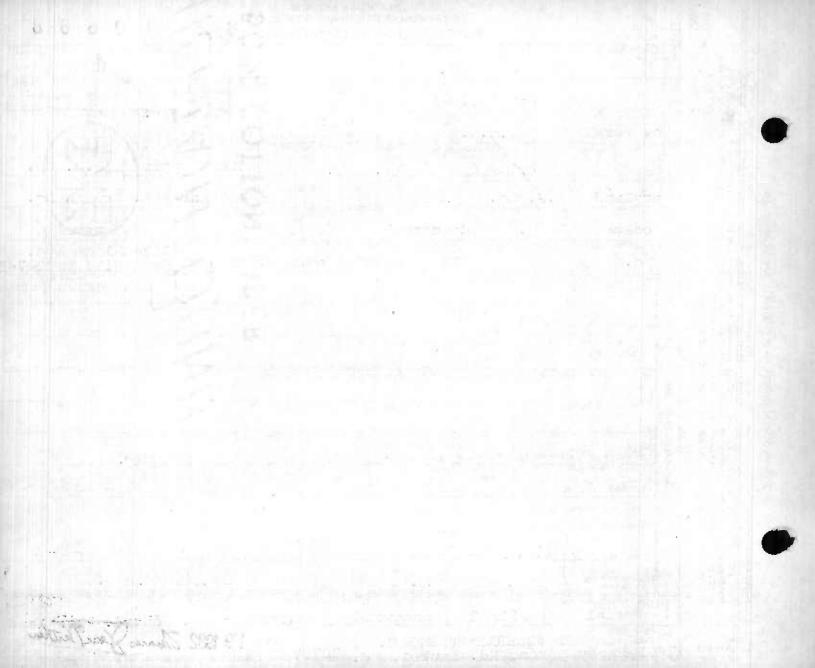
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-PRISCILLA **GLADYSZ** 18 DEATH MATED 82 19 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 1:42 LAST BIRTHDAY) PRONOUNCED Jan 26,1941 DEAD 41 YRS White 82 ам Female 19 76. CITIZEN OF WHAT COUNTRY Ta. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED New York U.S.A. Prince George's County DIVORCED OCCUPATION (TYPE OF WORK II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION GIVE PAGES 1, 2, AND 3 TO THE ITH FORM PM 3. RETAIN PAGE PAGES 1 AND 2 SHOULD BEELLE IVISION O'MITAL RECORDS, 201 FOR MOST OF WORKING LIFE! Clerk Typist Prince George's Gen. Hosp P.G. Co. (DOA) Cheverly P.G. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Largo 418 Harry S. Truman Dr. Co. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2M PM MIDDLE Helen Marvel Joseph Cavanaugh 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 4 Alice Ave. DIVISION (YES, NO, OR UNKNOWN) 220-38-5388 James S. Gladysz Oxon Hill, Md20745 No. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11FM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 9 FOR SHOULD BE TO THE CHIEF MEDICAL EXAMINER ALONG 9 FOR PROBLED BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYIZAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Cranio-cerebral trauma IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 YES NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING DOR MEDICAL CONTRIBUTING CAUSE OF DEATH 12:30 MX 4-18-19 82 Driver in auto/auto collision. 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) WHILE AT WORK Prince George's Me Ketterina Central Ave road 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion Accident X Homicide Undetermined manner deoth resulted from: Notural causes TITLE (SPECIFY) ACTUAL 4-18-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 4/21/82 Meadowridge Mem.Park Balto. Howar BP 24. FUNERAL DIRECTOR FLECK LAUREL FUNERATESSHOME, INC. **DHMH-17** (VR A15 ME (5) 7601 Sandy Spring Rd. Laurel, Md 207d7 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Margaret M.adlun DEATH MATED Gleeson 4 RACE SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 11 05 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED FOREIGN COUNTRY! WASHINGTON.D.C WIDOWED DIVORCED Prince Georges II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION' (TYPE OF WORK OR INDUSTRY Riverdale Leland Memorial Hospital HOUSEWIFE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5401 39th Avenue Md Prince Georges Hvattsville YESVI 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST THOMAS LAURENSON **ELLEN** HAIPTN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 18604 MATENEY ROAD SON 577-05-0239B GLEESON GERMANTOWN MD 18 CAUSE OF DEATH (Enter only one cause per lige for (o), (b), and (ch) tenoplecho andistroculos distant PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, NO P E 3 SHOULD BE DEPARTMENT BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD STATE DEATH, WITH THE STATE DEPARTMEN BALTIMORE, MARYLAND, 21201 PRICK TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK 22a I certify that I taok charge of the remains described above, held an Inspection Natural causes Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Court, Camp Springs, MdD **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COODERS INS **DHMH-17** (VR A15 ME (5)) 500 UNIV.BLVD. W. STIVER SPRING MD. 15M 2/80

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FOR

REGISTRAR

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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n 24 hours filled in by hould be filled		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  130 CITY OR TOW  SECTION DE 1	AOMISSION		Easterry Rd
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TAL O		22d. PHYSICIAN'S NAME (TYPE OF	1. Wildle 1		AEDICAL STAF	FIAN 221 DATE SIGNED
TO HOSPI retained b TO FUNEI should be with the Si	20.	Frederick V	Vilhelm	220 ADDRESS /M	nach foll	High of his 189
BP		BURIAL, CREMATION, REMOVAL  CONTROL OF CONTROL  UNERAL DIRECTOR	16. 9 Ch (	ame of cemetery or cremator	Senthend	P.J. County M
DHMH - 16 50M 1/81 (VRA 15 4)	1	NAME TOR	ADORESS	25a. Q	APR 1 2 1982 APR	SLI REGISTR R'A SIGNAME

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20	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		10693
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ge 3	JOHN		GORDON JR.	APRIL 13,	1982 11:38рм
E A	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
9 9	MALE	BLACK	NOVEMBER 16,		YRS.
a Paris	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED MEVER MARR	BALTIMORE CITY C	R COUNTY OF DEATH
de of the office	SOUTH CAROLINA	UNITED STATE	S WIDOWED DIVORC	ED   PRINCE GEC	RGE'S COUNTY MD.
i 17 1/16	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	IURSING HOME OR OTHER INSTITUTI	ON 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ION 12b. KIND OF BUSINESS OR INDUSTRY
20 rs of	ANDREWS AFB	MALCOLM GROW	USAF MEDICAL CEN		MILITARY
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O HOSPITAL etained by th TTO FUNERAL should be deta with the State	220) PHYSICIAN'S NAME	1. ()	22e ADDRESS	ICIAN TOTRECTOR PHYSIC	F MC, AAFB, MD 20331
TO He retain TO F F F F F F F F F F F F F F F F F F	230. BURIAL, CREMATION, REM		230 NAME OF CEMETERY OR CREM	ATORY 23d. LOCATION	
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DHMH - 16 50M 7/77	24 FUNERAL DIRECTOR			250. DATE REC'D. BY REGISTRAR	
(VR A 15 (4))	C P Value 616	ADDR	Ozon Udli Md	APR 1 9 1982	Partit Stamper

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENBA - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Joseph F. Grabowsky 82 2:30 P. 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR White Male March 9. 1902 TO BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Poland Prince George's County IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Riverdale Leland Memorial Hospital Coal Miner Mines MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Frederick Mt. Airy 13422 Old Annapolis Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Last Name Unknown Albert Grabowsky Mary PRESTON ST., BALTIMORE, Address Same as 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (1F YES, GIVE WAR OR DATES) 169-03-1727 Rosemary C. Breakirin No# 13e. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 19) MBOLUS PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE PREVMONIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse la!, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ buriol-tronsit 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 71s.1 cortify opinion death accurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN uld be deto ME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION 4-14-82 St. Thomas Cemetery Burial Footedale Favette Pa. PH REGISTRAT SSIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) F. Gasch's Sons F.H. P.A. Hyattsville, Md.

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P. Gmech's Sons F.H. P.A. Hyntlaville, Md.

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		CEASED NAME OR PRINT)	GAXISEPPE CAXISEPPA	MIDDLE		MALDI		APRIL 2	MONIH 0. 198	DAY	YEAR	26 HOU	UR 5pm <sup>M</sup>
	3 SE	X	4. RACE		S. DATE O	FBIRTH		6. AGE (IN YEARS LAST			ERIYEAR	IF UNDER	
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5	13 M	d.	IG HOME OR OTHER INSTITUTION PG	GIVE RESIDENCE BEFORE			NO []	13°5°4°6°1	6 Ave	enu€	2		
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		PART I. DEATH WA	(Enter only one couse pe S CAUSED BY: MMEDIATE CAUSE (o)		101	Λ .	Linum				APPROXIA BETWEENO	AATE INTE	RVAI ) DE ATH
		Conditions, if any,		OR CONSEQUE		cell	(en	numia			, ,		
		gove rise to imme couse (a), stating underlying couse	the DUE TO C	DR AS A CONSEQUE	NCE OF								
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9	CERTIFICATION	19a DATE OF OPERATION	ON 196 CONE	OITION FOR WHICH	OPERATION	WAS PERFOR	RMED	20a AUTOPSY?	IN CERT	IFYING (	E FINDIN CAUSES (	GS USE OF DEA	TH?
9		710 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR A	DFINJURY M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IT	IJURY IN ITEM 18	PART I OR	(PART 2)		
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		sow the deceased	this hospital) attended to dialize an dialize the body	19	62 on	d that in (my) (	, 19 Sour opinion d	eoth occurred on the	dote and ha	, 19		hot (4) (	
		226 SIGNATUR	Merell	Henry	MW	M N D AT	TENDING HYSICIAN	MEDICAL S'	AFF SICIAN []	22	4/	W/	32
1		22d. PHYSICIAN'S NAA	AE (TYPE OR PRINT)			22e ADDRESS		1	1	1	11/1	11/	1

73c NAME OF CEMETERY OR CREMATORY

Ft.Lincoln Mausoleum

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi MPORTANT: If them 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR:

BP

Hines/Rinaldi 11800 N.H.Ave.S.S.Md.

73b. DATE 4/23/82

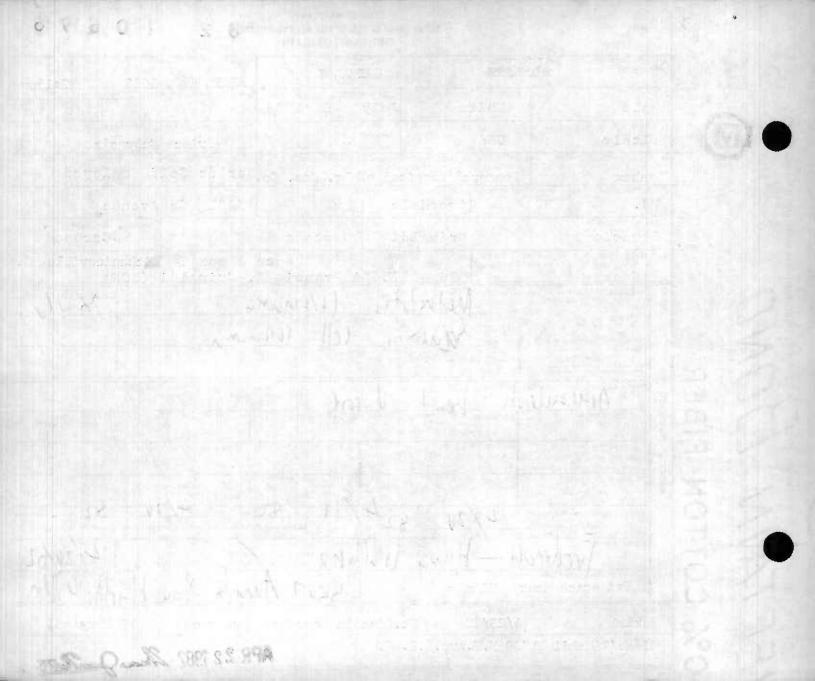
22d PHYSICIAN'S NAME (TYPE OR PRINT)
Frederick Henry Wilhelm

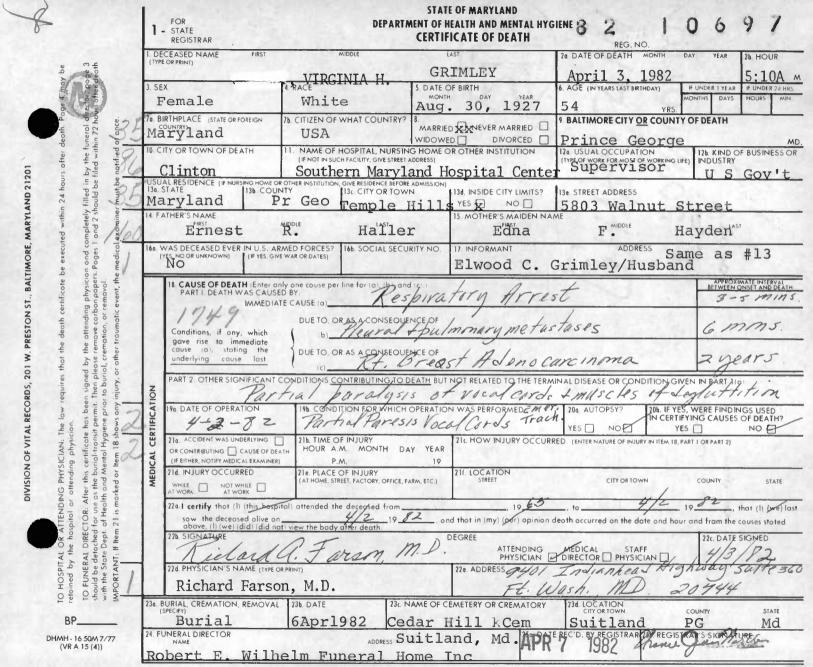
23a BURIAL, CREMATION, REMOVAL Burial

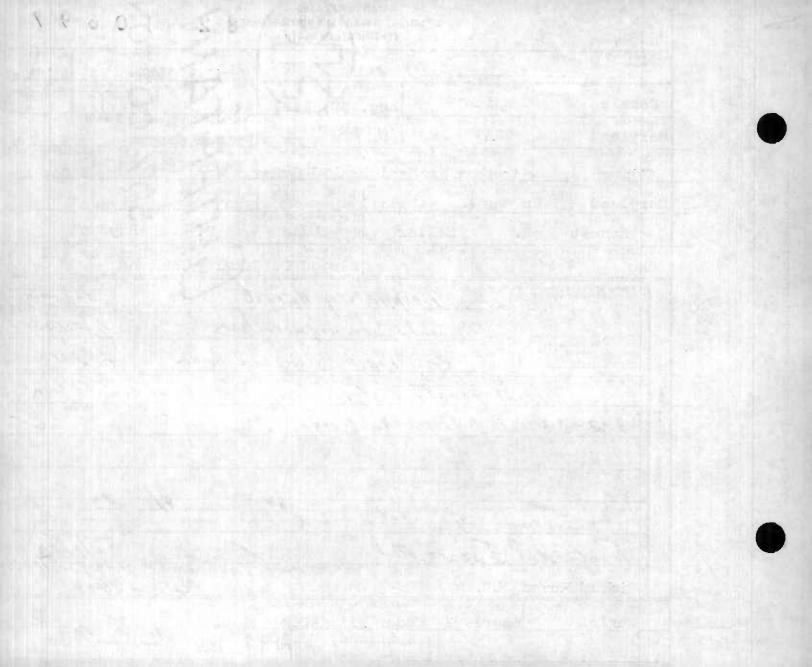
250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 22 1982

Brentwood

PG Maryland STATE







STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG. NO DECEASED NAME Ettore 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE PRONOUNCED 11-15 DEAD To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED West Virginia U.S.A. Salima Street DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS S. RETAIN PAGE SHOULD BE FILED Salesman Insurance Auto USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5297 Salima Street 13a. STATE P.G. 134 INSIDE CITY LIMITS? CITY OR TOWN Clinton Md. YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Victoria Larratta John Guido 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN 165 SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) 577-28-6200 Edmund R. Guido Yes Same as #13 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PERMIT. a betic attenoschrotic condis vesculo id seare IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. A BURIAL PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? STATE DEPARTMENT OF HE YES [] SHOULD BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21ª PLACE OF INJURY (AT HOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autapsy and in my opinion death resulted fram: Natural causes Undetermined manner 230 BURIAL, CREMATION REMOVAL 236 DATE Trinity Memorial Waldorf Charles Gardens Burial BP. 24 FUNERAL PIRECOR Funeral Homess Inc. **DHMH-17** Old Alexander Ferry Road Clinton Md. (VR A15 ME (5)6 6 15M 2/80

8 4 0 0 1 3 5 - 1 1 3 4 - 1 Mary Link 11-15 25 59 STORES LESSON .w. ... Bisisylvana Clinica 5297 Salana Street " Lesson Last ventero CONTRACTOR OF THE PROPERTY. The section of a troops Pite as was out that the as will Die to be and bearing with a the Continue wanter by the last go Classed & Bringay age Humas To P. R. Har Street W. 1805 Roghes Charles Surge Jones Port A/21/02 trible to originate the last charles id. Town Load Climton life, Age I I 982 North Town

STATE

DECEASED NAME

(TYPE OR PRINT)

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

15035 Laurel Oaks La. Racey #13 same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIC 20b. IF YES, WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 <u>\$ 2.</u> ond that in (my) opinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY Buria1 4/13/82 Cedar Hill Cem. Suitland, P.G. Co. Md. FLECK-LAUREL FUNERAL HOME; INC. 7601 Sandy Spring Rd. Laurel, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

LAST

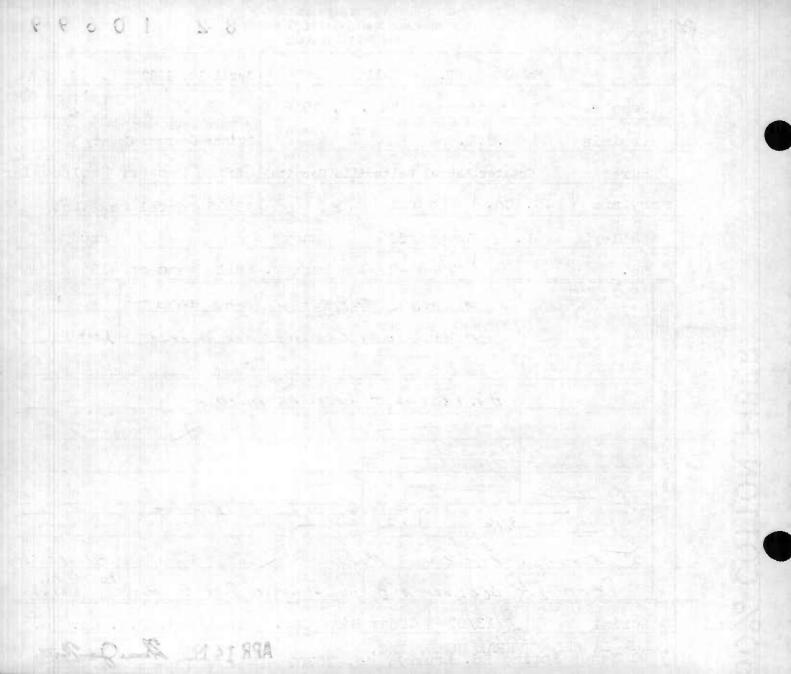
REG. NO

2h HOUR

IF UNDER I YEAR

1:09 A M

20 DATE OF DEATH MONTH



BP. DHMH-16 30M 2/80 (VRA 15, 4)

1				STATE	OF MARYLAND					
	1.	FOR STATE	D		ALTH AND MENTAL HYGI	ENE 8 2	10	7	0	0
		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	D			
		CEASED NAME FIRST	MIDDLE	LA	51	20. DATE OF DEATH	MONTH DAY	100	26 HOU	R
		CECILIA	D.	HA	1/Am	April	20,	1982	8:11	OP.M
	3. SEX		I. RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIR	HOAY) IF UN	DEN FIENN	IF UNDER	24 HRS
		FEMALE	WHITE	DEC	27 1898	83	YRS.	DAIS	HOURS	wile.
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5		PENNA.	USA	WIDOWED		PRINCE	GEO	RAE	5.	MD.
7	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL,		OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST O	ON 12 EWORKING LIFET IN	b. KIND OF	BUSINE	SS OR
1	- /	TVATTSVILLE !	CARROLL	MONOR	Home	SECT.	7	EDI. OF	Com	MERC
-	USUA 13a. S	AVRESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		,	1603	
/		NONE NI	ONE WA	SH.D.C.	YES NO	2828	CONN	U. Al	UE.	NIL
1	14. FA	THER'S NAME	MODLE	IAST.	15. MOTHER'S MAIDEN NAM	MIODLE		LAST		
II		JOHN	DOHE	RTV	MARY		Ho	PKI	NS	
		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCI.	AL SECURITY NO.	17 INFORMANT	ADDRE	55 1850	KS	57.1	J.W.
51	4	NO	094-	-07-5866	limoTHY Dilla	ON (ATTORNE	1) WA	311. ]	).C.	,
		18 CAUSE OF DEATH (Enter only	ane cause per line for (a)	), (b), and (c)	1,	~ /		APPROXIM BETWEEN OF	ATE INTER	DEATH
		PART I. DE ATH WAS CAUSED  IMMEDIATE		cul 18	ronchopse	cononial	0.19	100	h	71
	-	4860	DUE TO, OR AS A CO	NSE PENCE OF	-0	-	-12-3	11.	1	
	1	Conditions, if any, which	(b)	16 cun	en onen	monen		4me	0	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF						
		underlying cause last.	(c)					- 9		SHI
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTI	NG TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN I	PART I(o)		
	CERTIFICATION			A SECTION	3-17	100				
7	CAT	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USE	D TH?
4	TIF					YES NO	YES 🗌		NO [	
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT.	21b. TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	RY IN ITEM IB PART 1	OR PART 2)		135
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
	EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY		21f LOCATION STREET	CITY OR TO	wN	COUNTY	S	STATE
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		saw the deceased alive an abave, (1) (we) (did) (did not)	yew the bady after deat	19. <b>32</b> , and	d that in (my) ( <del>ear</del> ) apinion d	eath accurred on the de	ste and hour and	from the co	ouses st	ated
		226. SIGNATURE	11		EGREE			22c. DATE 8	IGNED	100
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,		22d. PHYSICIAN'S NAME (TYPE OR	PRINTY		22e ADDRESS			- (	(	
		JAMP.	5 VI FOS	TOR	916 1	9 - N.W.	Was	sh d	7. c	
		SURIAL CREMATION, REMOVAL	21h DATE		METERY OR CREMATORY	23d. LOCATION				
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	D	= Val FUNER	Al Home	Was	SH.DC	בו ט ג חזמ	or new	C)		
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Rd., Suitland, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SR

CERTIFICATE OF DEATH

REG. NO

MONTH

126 KIND OF BUSINESS OR INDUSTRY US GOV '

Food & Drug

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

Collins

COUNTY

2n DAJE OF DEATH

4308 Suitland V DATEME TO BY JEGISTAN THE SUMMERS OF A THE PARTY OF THE PROPERTY OF THE PROPER

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR

JOSEPH

24 FUNERAL DIRECTOR Robt E Wilhelm

Funeral Home

1. DECEASED NAME

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	1-	STATE REGISTRAR		CAL EXAMINER'S		DEATH 2 REG.	
SES. EES. ET.		CEASED NAME FIRST NICH		LOYSUIS H	HARRIS , SR.	20. DATE KNOWN OF ESTI- DEATH MATED	□ 4-14 19 82
R FILL HOUNDERN STREIN	70. BII	ALE BLACK RITHPLACE (STATE OR REIGN COUNTRY)  D. C.	Jan. 5.19 7b. CITIZEN OF WHAT	YEAR LAST BIRTHDAY) MON 12 70 YRS. COUNTRY? 8. MARI	RIED T NEVER MARRIED WED DIVORCED	PRONOUNCED DOAAD  T BALTIMORE CIT  Prince	4-14 19 82 5:A
71	(	Cheverly	PRINCE GEO	RGES GENERAL		2a. USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY  Center-Retired
RETAIN	13a. S	Md.	NTY 13	CITY OR TOWN Ardmore	YES NO X		04 91st Ave.
S TAND 2	16a. W	THER'S NAME FIRST WILLIAM  AS DECEASED EVER IN U.S. AF S, NO, OR UNKNOWN) I (IF YES, GIV		LAST TRIS b. SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN FRST Louise 17. INFORMANT	M . ADDR	
N PENCIL IN 1TEM 18. GIVE P. EXAMINER ALONG WITH FO 1ML-TRANSIT PERMIT PAGES. MENTAL HYGENE, DIVISION OR REMOVAL.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA Conditions, If any, which gave rise to immediat couse (o) stoting the under lying cause lost.	nly one cause per line for ED BY: ATE CAUSE (a) DUE TO, OR AS (b)	79-01-2917 (o), (b), and (c),) RIOSCLEROTIC A CONSEQUENCE OF		ris-Same a	S # 13 above  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E. WRITING RWARDED T PAGE 3 SHI STATE DEPA	WE	WHILE AT WORK AT WORK	STREET, FACTORY.	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
MEDICAL EXAMINER COUTE THE CERTFICAT SE A SHOULD BE FO FUNERAL DIRECTOR. ER DEATH, WITH THE TIMORE, MARYLAND,		220. I certify that I took char death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAMEUGUST (TYPE OR PRINT)	yulle / X	religing	Homicide M.D.	Undetermined monner MEDICAL EXAMINER	DATE SIGNED 4-14-82  MP SPRINGS, MD2074
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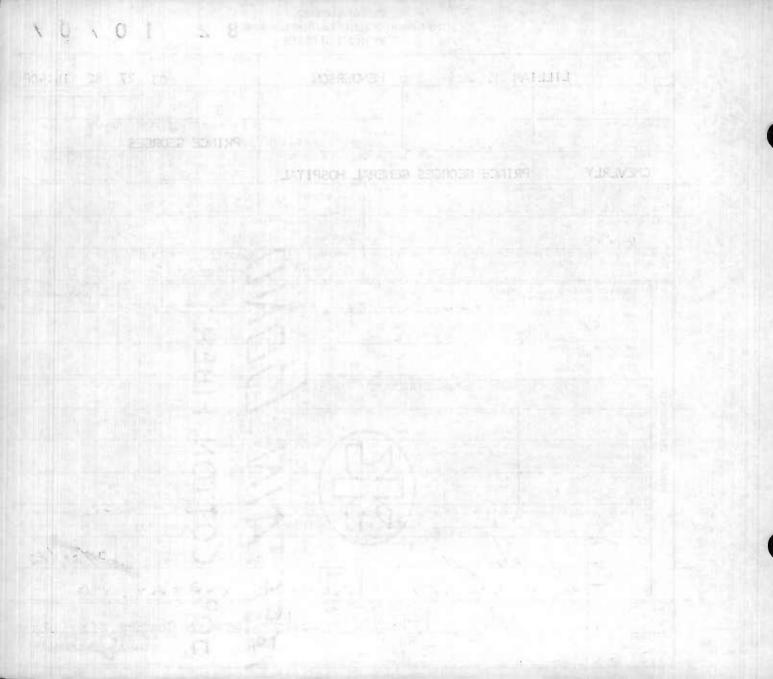
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	3. SE	I-FMALE	WHITE	MON	OF BIRTH  DAY  VEAR  VEA	6. AGE (IN YEARS LAST BIR	MONTHS DA	EAR IF UNDER 24 HRS
9.	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	н
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101	4	FIRST	MIDDE	ACEE	15. MOTHER'S MAIDEN NA	WE	6	LAST
0		MAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SO	OCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
J J		No	\$77	-203-233	SAMUEL E	MARRIS. J	R1911 Sai	PATIGH DE
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for	(a), (b), and (c)			APP BETWI	PROXIMATE INTERVAL
			ATE CAUSE (o)	Seale Me	youanded into	exclusion.	Je	is house.
ofic		4100	DUE TO, OR AS A	CONSEQUENCE OF				
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<u>.</u>		gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF				
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	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	T 1(o)
_	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	VDINGS LISED
1	F		17.0.0011011		JA WASTERI GRANED		IN CERTIFYING CAU	SES OF DEATH?
	1 1	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	RY	21c. HOW INJURY OCCUR	YES NO	YES TO THE PART I OR PART	NO [
9		OR CONTRIBUTING CAUSE OF D	LAIN	ONTH DAY YEAR	The second of			
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJU	JRY	21f LOCATION			
	A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC )	STREET	CITY OR TO	WN COUNTY	STATE
		22a.1 certify that (I) (this has	pital) attended the decea	ased from	10-8-1081	to	4/31 1982	, that (I) (¾e) last
		sow the deceased alive a	41	13/1082	and that in (my) (our) opinion	death occurred on the do	77-7	
		above, (I) (we) (and) (did r 22b SIGNATURE	not) view the body after de	eath	DEGREE			ATE SIGNED
		W.	Muns	V	MD ATTENDING PHYSICIAN B	MEDICAL STAF	F a	117/0
-	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	DIRECTOR   PHYSIC	IAN	12/00
1		9				wood Road	Calon Day	100 2074
	20		HUSSAIN	I an a single		(Come)	muge porce	_ 1,00 /1
	230.	BURIAL, CREMATION, REMOVA	1. 1 100	23 CHAME OF	CEMETERY OR CREMINIORY	STY ON TOWN	ANNODS .	O.
1	24.5	puul	19n.6.198	VIJKen	coll Cerufley	prasky	year	0
	1	UNERAL DIRECTOR	a fell	ADDRESS ALM	MANUTE NOTE	ERECT. BY REGISTRAR	REGISTRA'S SIGN	A LANCON
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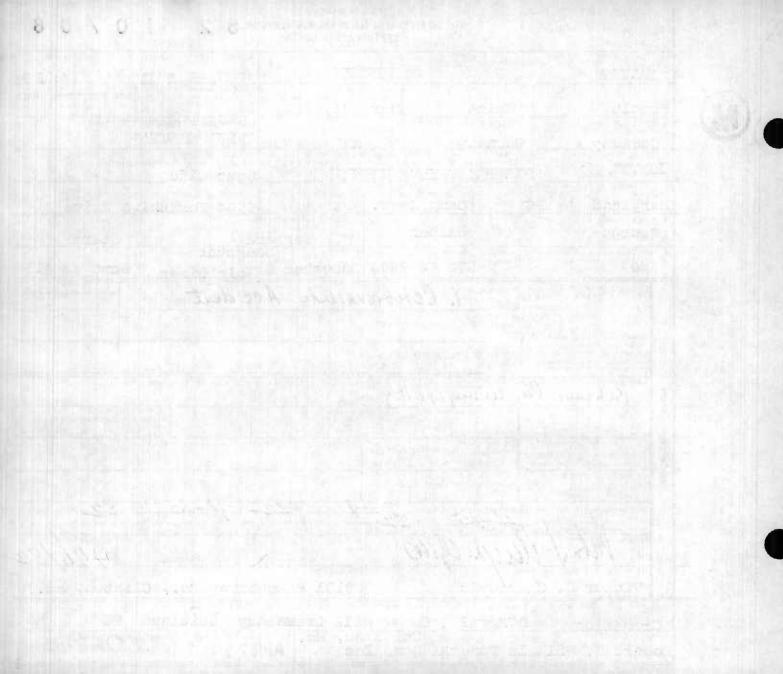
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	3 SEX	X	4	RACE		5 DATE C	OF BIRTH		AGE (IN	YEARS LAST BIR	RTHDAY)	IF UNI	DER I YEAR	_	ER 24 HRS
	133	Female		Negr	0	May	00 200	6	85		YRS	MONTH	DAYS	HOURS	MIN
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57		New York	(200)	U.S	.A.	WIDOWE			PRI	NCE G	EORGE	ES			MD
74		TY OR TOWN OF DEAT	1	RINCE	GEORGES (	SENERA	OR OTHER INSTITUTI		(TYPE OF WOR	occupation	OF WORKING	LIFE) IN	b. KIND C NDUSTRY		NESS OR
23	USU/ 130. S	AL RESIDENCE (IF NUR STATE)  TGinia	G HOME OR COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Minera		13d INSIDE CITY LI		3e. STREET		Devi	0.1			
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11		IN KNOWN VAS DECEASED EVER II	NUS ARA	ED FORCES?	16b SOCIAL SECU	PITY NO	Rose	025	Mort		rick			747	47
2	()	res, no or unknown)		WAR OR DATES)	None	KITT NO.	Richard				-				
-	-						Richard	т.	пепа	erso	n (so	II) W	_		
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		gove rise to imme couse (o), stoting	ediote	(b)			A			-1-1					
		underlying cause		DUE TO, OI	r as a conseque	NCE OF									
		PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEAS	SEORCON	DITION C	IVEN IN	PART 10	0	
	NO				mat III a										
-	CERTIFICATION	19a DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUT	OPSY?			RE FINDING CAUSES		
1	RTIF								YES 🗌	NOX.		YES 🗍	CAUSES	NO	
0		21a. ACCIDENT WAS UNDE		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTERN	ATURE OF INJUI	RY IN ITEM 18	B PART I O	OR PART 2)		-
7	CAL	(IF EITHER NOTIFY MEDICA		P.,		19			200	53.4					
. /	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC )	211. LOCATION STREET			CITY OR TO	)WN	C	OUNTY		STATE
	~	AT WORK NOT WHILE	[ [			-					-				
		22a I certify that (1) (		3/27		8-2 0	122 19	82	_, to	3/27	>	_, 19		4	(we) last
		sow the deceosed above, (I) (we) (di	d alive on _ d) (did not)		after death.	o-1, or	nd that in (my) (aur)	apinion de	oth occurre	ed on the do	ate and he	our ond	from the	couses :	stoted
		22b. SIGNATURE	1	01	9		DEGREE	DINIC	MEDICAL	STAI	cc	2	22c. DATE	SIGNE	
		ph	0.	Efaul	M		PHYS1	CIAN T	DIRECTOR	PHYSIC	CIAN		3/3	29/	82
		22d PHYS PAN'S NA		1			22e ADDRESS								
		10HO		1. ST/	ANLEY		PGGH 1			HEUE	ERLY	1	MD	•	
		URIAL, CREMATION, R	EMOVAL	23b. DATE	Lai	urel	EMFERY OF CREM	ptis	23d. LOC	ATION Y OR TOWN		Jops	MEY		STATE
	04.5	Burial		4/1/8	0 Z   C	hurc	n Cemete	ry	Lou	isa (		ty,	Vir	gin	ia
1		INERAL DIRECTOR LA						230. AP	R 2 3	REGISTRAR	130	MELL	SCHAL	Mari	Um
	38	31 Georg	ia Av	re.NW;	Washing	ton,	DC		NN	ישער		-	27		111111111111111111111111111111111111111

DHMH-16 50M 1/81 (VRA 15, 4)

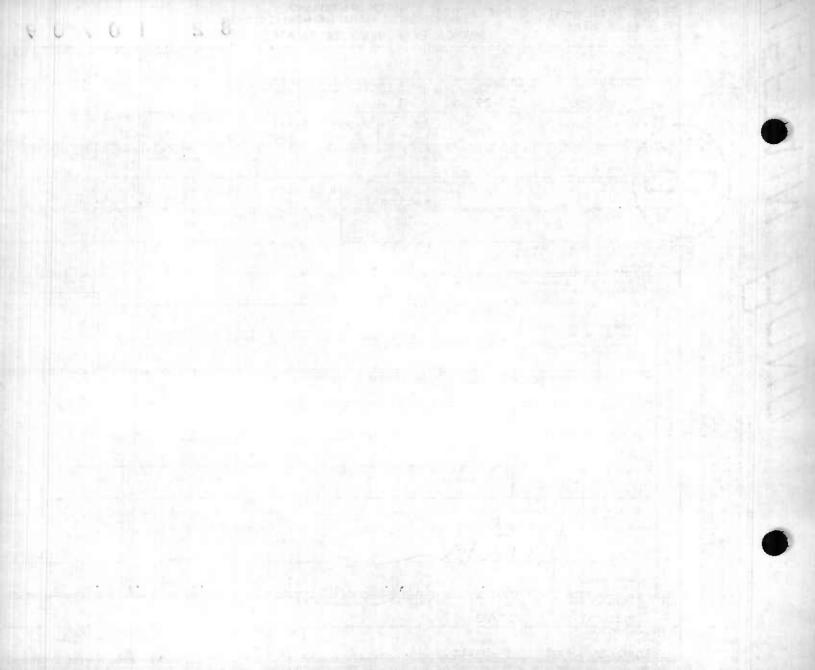


STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2	

		1.	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEAT	H REG. NO.	0 / 0 8
1 114.2		1. DE	CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
T dead /		]	BABETTA		HERTLEIN	APRIL 15, 2982	
E PRES		3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
( MAIN			male	White	Mar 31,188	8 94 YR	
- CORL	17	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRI	9 BALTIMORE CITY OR COU	
Man 7 5		G	erman y	Germany	WIDOWEDE DIVORCE	ED   PRINCE GEORGE	S MD.
1 121 3	2/			11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
P FF E	10			SOUTHERN MARYLAN		Housewife	Surry HADOSIKI
hou de	1	USU.	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN		RE ADMISSION) VN 13d. INSIDE CITY LIA		
五 章章 章	5	Ma	ryland Po		pgs. YESX NO		ire Drive
rithir 2 sh			THER'S NAME	MIDDLE T.T TIAST	15 MOTHER'S MAIL		1
mplet and 2	0	G	eorge	Walter	FIRST	rbara	Sturm
and ca ages 1		lóa V	VAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	DaughterADDRESS	DCGIM
e exect n and c Pages medica	1	1	YES NO OR UNKNOWN) (IF YES, GIVI	578 84	3800 Dorothe	a Berolzheimer	Same as #13
te b pers.			18 CAUSE OF DEATH (Enter on	ly ane cause per line far to A or	ndic 1	OTZHETINET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys ppys pop movent,			PART I. DEATH WAS CAUSE	ly ane couse per line far (a . A . a) D BY: E CAUSE (a)	tebrovasula	Accident	BETWEEN ONSET AND DEATH
ling rhan			42/ DIMMEDIAL				
tend te ca an, a	13		Canditians, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF		
notion tro			gave rise to immediate	(b)			
by the			cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
ed the plea			DART OF OTHER SIGNASIONAL	(6)	DE LTU BUZZION OSI LESS NO TO		
equire n sign Then r to bu		NOI	Schemic C	as der my Ma	A SOUTH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
beer mit.	0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
The le	7	THE				YES NO	RTIFYING CAUSES OF DEATH?
hysicia ficate fransit Hygii 18 sha	3	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SICIA ng ph certifi certifi tental	7	A	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
HYSI Iding Burn Mei		WEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
G Preser the ond ond ked		X	WHILE AL WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
or or se or		H)		tab amonded the deceased fram.	7-1 10	82-11-15	19.85 that (1) (we) last
TEN TOR OR F He	- 1		saw the observed aliveran	11-15 10	82 and that in (my) (aur) o	apinian death accurred an the date and	
AT A			Th SIGNATURE	the bady alter death.	DEGREE		27c. DATE SIGNED
the Dech			11001-1	11111/4 (2111)		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	11/1/100
by the ERAL	$\dashv$		22d PHYSICIAN'S NAME (TYPE OF	0.001512	PHYSIC 22e ADDRESS	CIAN DIRECTOR PHYSICIAN	14/16/82
OSE OSE OSE OSE OSE OSE OSE OSE OSE OSE	11			/			27.1-1-1-1-1-1-1
TO HOSPILITO FUNER should be a with the Ste	1		Victor S. Ch			iscataway Rd., C	linton, Md.
12 7 7 3		23a. E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	CITY OF TOWAL	COUNTY STATE
BP		C	remation		dar Hill Crem		
DHMH - 16 50M 1/81			INERAL DIRECTOR	SI APOREN-	uitland, Md.	250. DATE REC'D. BY REGISTRAR 251-800	
(VRA 15, 4)		KO	pert E. Wilhe	elm Funeral He	ome Inc	APR 2 2 1982 Ma	no distance



	. DEC	EGISTRAR	FIRST			WIDDLE		14614	CERTIFI	OATE		2a. DATE	REG.		ONTH	DAY	YEAR	2b HOU
Trecords 201 M Parties 21 M Par	(TYPE	OR PRINT)	FRAI	٧K				HI	LL			OF DEATH	ESTI-	_	4	17 19	82	
	. SEX		4 RACE		TE OF BIRT		6. AGE (IN	YEARS IF	UNDER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MC	нїн	DAY	YEAR	24 HOU 2:4
l	Ма		Black	5	29	40	41	YRS.	DATS	Hours	MIN.	DEAL	) .		4	17 19	82	2:4 p
	7a BIF	THPLACE (5T	ATE OR	7b. C1	/	WHAT COUP	VTRY?		RRIED IN NE		IED 🔲	9. BALTIA						
7		i verda		(16)	ME OF HO		TREET ADDRES	ME, OR C	THER INSTITU	DIVOR	120. USU	Princ JAL OCCU MOST OF WO	PATION (			b KIND		
0		RESIDENCE	IF IN NURSING	OTHER	INSTITUTION.	GIVE RESIDENCE	E BEFORE ADM		13d. INSIDE	CITY LIMITS?	Ise. STR	EET ADDR	ESS					
	1/	D.C.	V				ashin		YES X	NO 🗌	De	3 O S	tree	t,	Apt	. 2		
	14 FA	THER'S NAME FIRST		MIDDL			LAST		15. MOTH	ER'S MAID	EN NAME	,	AIDDLE		4	LA5		
t	óa W	AS DECEASED	EVER IN U.S.	ARMED FO	RCES?	16b. SO	CIAL SECU	RITY NO.	17 INFOR	MANT			ADDRE	SS				
	(YE	Unkn.	(IF YES, G	IVE WAR OR'E	DATES)		Unk	n.										
F		18. CAUSE O	DEATH (Enter	anly ane o	ause per li	ne far (o), (b								-				INTERVAL AND DE AT
I		PARTIDE	ATH WAS CAU IMMED	SED BY:	SE (a)	Alco	holis	m	734 - 13	97.	100							
		503	0		DUE TO, C	R AS A CO	NSEQUENC	E OF										
			s, if any, whi e to immedia		(b)	Die	- III							100				
1		couse (o) lying cau	stating the und	er-	DUE TO, C	R AS A CON	NSEOUENC	E OF										
1					(c)													
	N	PART 2 OTHER SIG	NIFICANT CONDITIO	INS CONTRIBU	ITING TO OEAT	H BUT NOT REL	ATEO TO THE T	ERMINAL OIS	ASE OR CONDITIO	ON GIVEN IN PA	ART I (a).	737				7		
1	ATIC	19a. DATE OF	OPERATION		19b. CONE	DITION FOR	WHICH OF	ERATION	WAS PERFO	RMED?	-		-			20 AUT	OPSY?	
	IIFIC														1	YES		NO [
1	MEDICAL CERTIFICATION	LINDERLYING	L CAUSE WAS			OF INJURY M. MONTH	DAY Y		HOW INJUR	YOCCURR	ED (ENTER I	NATURE OF IN	JURY IN ITEM	18 PART 1	OR PART			- 43
	DICA	214 INTURY C	G CAUSE C	OF DEATH		M. OF INJURY	19	716	OCATION									
1	MEL	WHILE AT WORK	NOT WHILE AT WORK			ACTORY, FARM, (		211.	STREET			CITY OR TO	WN		COUN	ľΥ		STATE
			y that I took ch	orge of the	remoins d	escribed ob	ove, held a	Aut	opsy X.	Inspectio	an .	Inquiry		and in	my opin	ion		
1		deoth results		iturol cous	F-7.	Accident		Suicide		cide .		ermined m		],	7 59.11			
			A	Λ. (	7	0				SPECIFY)	2							
1		ACTUAL SIGNATURE		W	N	XIV	1		M.D. ASS		T MED	ICAL EXAM	AINER	5	ATE	4	-18	-82
^>	-	EXAMINER'S	NAME /	An	n M.	Dixon	. M.D					St.,		to	Md	. 21	201	
1	23a.BL		ION, REMOVA	L 23b. DA1	E	-	4		OR CREMAT		1238 LC	CATION OR TOWN			COUNTY		517	ATE
		Remo		4/	27/82					Tax .	V					a	-	
	24 EI	NERAL DIREC															W #	
	24 1 0	NAME	IOR		ADDRE	ss lto.,				A D D	REC'D. BY	REGISTRA 1982		GISTI	MP SIC	17/2	DATE:	



1	1 -	STATE REGISTRAR			DEPAR		ICATE OF DEATH	REG. N	10	0 /	1 0
		EASED NAME	FIRST		MIDDLE		LAST	24. DATE OF DEATH	MONTH DAY	YEAR 82	2h HOUR
nay be page 3 death			HX IRM		В.		LL				4.46 Am
tree tree	3 SE)	Female		White	e	5 DATE O		6. AGE (IN YEARS LAST BIN		UNDER I YEAR	IF UNDER 24 HRS
berth. Page		ATTILACE ISTATE	OR FOREIGN	U.S.A	WHAT COUNTRY	? B MARRIE	D NEVER MARRIED	PRINCE G	OR COUNTY O	FDEATH	
urs after o		TY OR TOWN OF	DEATH	LIE NOT IN SU	ICH FACILITY GIVE STREE	T ADDRESS1	DROTHER INSTITUTION  SVILLE HOSPIT	12e USUAL OCCUPAT	ION	12b. KIND O	OF BUSINESS OR
ficate be executed within 24 hour ficate be executed within 24 hour spers. Pages 1 and 2 should be filed only.	130, S	RESIDENCE (#1	HOWA	other institution	13c. CITY OR TO Dayton		134. INSIDE CITY LIMITS? YES NOW	13. STREET ADDRESS 4631 Ten O	aks Roa	a zio	)36
completely 1 and 2 sho	14 FA	THER'S NAME FIRST	м	IDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST	AMÉ		LAS	ş7
MORE, the med con and con and con and con and con ages 1 a	160 W	AS DECEASED EVES, NO OR UNKNOWN	ER IN U.S. ARA	MED FORCES? WAR OR DATES)	213 42 8		Mrs Betty Hi	11 4581 Te		Road	21036
hysicia apers. I noval.		IL CAUSE OF DE	ATH (Enter only	y one couse pe	er line for (o), (b) o	nd ic	ARRES			BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 701 W. PRESTON ST  CLEASE M. M. M. C.  IDING PHYSICIAN: The law requires that the death centrending physician.  After this certificate has been signed by the attending pis the burial-transit permit. Then please remove carbon pis the burial-transit permit.		Conditions, if a gove rise to couse (a), st underlying co	immediate oting the	DUE TO, 0	OR AS A CONSEOU			INFARCT	70N		
w require en signed Then ple or to buri	NO	PART 2 OTHER S	HIGH	0 - "	ONTRIBUTING TO	RESS	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIVEN	IN PART 10	01
It The law te has been the prior is shows an	CERTIFICATION	19a DATE OF OPE	RATION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, VIN CERTIFYI	NG CAUSES	NGS USED S OF DEATH?
N OF VITA PHYSICIAN I physician. is certificat rial-transit proferant by fental Hygin		218 ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEAT	H HOUR A	OF INJURY A.M. MONTH ( P.M.	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	I OR PART 2)	
MINISION  DING PH  ttending F  After this s the burie th and Me  marked o	MEDICAL	21d INJURY OCC	T WHILE		OF INJURY TREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TEN TOR USE R Heal		22a I certify that	(l) (this hospite	4 1	he deceased from 7	0.7	nd that in (my (our) opinion	death occurred on the c	7, 19 late and hour a		tha (II) (we) lost couses stated
SOS BE PER PER PER PER PER PER PER PER PER PE		226. SIGNAL THE	W	un	M	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	226. DATE	SIGNED 17-82
TO HOSPITAL TO FUNERAL Eshould be detach with the State D		G. A.	COMP7				22e ADDRESS /	EL PARK DR=		LAURA ZI	2707
Bb To ode William	23a B	URIAL, CREMATIC PECIFY) Burial	ON, REMOVAL	236. DATE April	19,1982		en Linthicum	23d LOCATION CLERSVI	lle, Ho	ward,	Marylan
DHMH-16 25M (VRA 15, 4) 1/79	24 FU HS	INERAL DIRECTO	tzke 41	12 Col	umbiaRd .	Ellico	tt City AF	R 2.0. 1982	CANCES	Jan 1	Withen,

STATE OF MARYLAND

01.01.56 Statement of the land the Company of being the second of Anne E Hardest Committee allicote city | 400 CO 360 Clark Committee Committe

	-	FOR			ST.	ATE OF MA	ARYLAND AND MENTAL H	VOIENE				A	
20	1-	STATE REGISTRAR			ICAL EXAMI			F DEATH	REG. NO.	0	7		
		CEASED NAME	FIRST		WIDDLE	LA	AST	20. DATE	NOWN [7]	MONTH	DAY Y	EAR 2b	HOUR
2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×	(1)		HOMAS		W.	Н	IILL	OF DEATH	E311	4	17 19	82	AA
TESA LICETOR FILE WITHIN 72 HOURS WITHIN 72 HOURS	3. SEX	lale Blac	MON	TE OF BIRTH DAY	YEAR LAST BIRTH	YEARS IF UND	DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUN DE AD		4 ·		FEAR 2d	HOUR :54
N N N N N N N N N N N N N N N N N N N	7g. B	RTHPLACE (STATE OR		ITIZEN OF WH		18	D NEVER MARRI	ED S BALTIMO	ORE CITY OR				G M
W.W.H.		V. A		U.:	S. A	WIDOWE	_		ce Geoi	rae's	s Cou	ntv	MD.
SHRED 1	10. C	Chouge Ly	{1	F NOT IN SUCH FAC	HITAL, NURSING HOA	)		12a. USUAL OCCUP.	ATION (TYPE OF	WORK 12	OR IND	F BUSIN	ESS
OPEL 3 TOPEL NRDS, PRESS		Cheverly LESIDENCE (IF IN HURSING	HOME OR OTHER	RINSTITUTION: GIVE	eorge's Ge	SION)		Telepho	ne Co				
MORE, MD. 21201 R DEATH, IF ANY DELA AGES 1, 2, AND 3 TO T RM PM 3. REFAIN PA 1. AND 2 SHOULD BE F 1. OF VITAL RECORDS, 2	13a. S	MG .	Hillsi	de de	13c CITY OR TOWN	>	AES NO RE	13e STREET ADDRES	MARK	2044	bF.	Ke	
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. PAGES 1 AND 2 SI UNISION OF/LITAL	14. F	ATHER'S NAME FIRST	MIDD	OLE	2:11		5. MOTHER'S MAIDE	N NAME MI	DOLE	U.	LAST	1.1	
TIMOR TER DE F PAGE FORM ES 1 AI	16a. V	VAS DECEASED EVER IN L			16b. SOCIAL SECUR	ITY NO.	1. INFORMANT	-/	ADDRESS		THI	1eT	
JRS AFTER S. GIVE PA WITH FOR DIVISION	(1	ES, NO, OR UNKNOWN) (IF )	ES, GIVE WAR OR	DATES)	a26-80-	7572	Thomas	E. Hill	1 323.	5 M	w has	ich	Pike
: E ~ ≥ . · □		18. CAUSE OF DEATH (E	nter only one	couse per line f	or (a), (b), and (c).)						APPROX BETWEEN	MATE INTE	RVAL DEATH
ESTON ST., IIN 124 HOUR IN 1164 18. IST PERMIT. HYGIENE, D			MEDIATE CAL	(-)	eizure dis								
NA FINA NA		Conditions, if any,	which	DUE TO, OR A	AS A CONSEQUENCE	E OF				877	STATE OF		
W. PREST WITHIN SINCIL IN AINER AI TRANSIT VITAL HY	-	gove rise to imm	rediote /	(b)									
08511110		lying couse lost.	under-		AS A CONSEQUENCE	OF					287		
ECORDS, 201 V BE EXECUTED ENDING." IN PR WEDICAL EXA AS A BURIAL." ALTH AND ME CREMATION, C		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIB	(c)	JT NOT RELATED TO THE TE	RMINAL DISEASE O	PR CONDITION GIVEN IN PAI	RT 1 (a .					
ITAL RECORDS, HOULD BE EXECRED "PENDING" THIFF MEDICAL USED AS A BUI OF HEALTH AN JRIAL, CREMATI	CERTIFICATION												
SHOULD SHOULD SRD "PR CHIEF A E USED T OF HE	CAT	190. DATE OF OPERATIO	N	19b. CONDITI	ON FOR WHICH OPE	RATION WA	S PERFORMED?				20 AUTO	PSY?	
OF VITAL I	RTIF	AL EVYERNIAL CALLEE VA	146	All Thus os						13	YES	X N	0 🗆
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RETING THE WORD "PENDING" RED TO THE CHEF MEDICAL ES SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND OT PRIOR TO BURBAL, CREMATH		210 EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAU			MONTH DAY YEA	AR 21c HOV	W INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART	2)		
FERTIFIC THE TO THE	MEDICAL	21d. INJURY OCCURRED	SE OF DEATH	21e PLACE OF	F INJURY (AT HOME.	21f LOCA							_
24AAE	¥	WHILE D NOT WH	LE 🗆	STREET, FACTO	PRY, FARM, ETC.)	STR	EET	CITY OR TOW	N	COUNT	TY		STATE
FER: TI CATE, TORW POR: PV HE ST, ND, 2	118	22a. I certify that I too	k charge of th	e remoins desci	ribed above, held on	Autopsy	X, Inspection	, Inquiry	, and in	my opin	ion		-70
WWIN TIFIC BE I BE I SYLA		death resulted from:	Natural cou	ses X.	Accident, S	ovicide .	Homicide .	Undetermined mor	ner .				
CAL EXAM		ACTUAL	MI	and	n		TITLE (SPECIFY)	¢.		DATE	A 4	7 00	
SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		SIGNATURE	HVC	No		M.D	Assistan	MEDICAL EXAMI	NER	SIGNED.	4-1	7-82	-
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	-	EXAMINER'S NAME (TYPE OR PRINT)	Ann M	1. DIXO	n, M.D.	A[	DDRESS111 F	Penn St.,	Balto.	, Md.	212	01	Mile
5X4548	23a.B	JRIAL, CREMATION, REMO	VAL 23b. DA	4 /	23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE	
BP	24 51	BUR! A	14/	23/82	Rase	GAR	denlen	South	CBOST	en,	V	A	
DHMH-17 (VR A15 ME (5))	1	NAME >	2 1	ADDRESS	Va-11 C	11	CA ADO	2 1 1002	SI REGISTR	rar's sig	MATURE		
(VK ATS ME (3))	LV	el Non K. F	321/Er	1 13	78 N. V.	+Inou	and I	100/ T	MY souther	A Charles	Mario	G.	

and the state of t All and the second of the seco 19 81 300 Roses Don 22 18

			STATE OF MARYLAND			
	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	107	1 2
	DECEASED NAME FIRST LOU!	IS N.	HINTON	20. DATE OF DEATH MON	-27-82	26 HOUR 8:40
3. S	Male	RACE Black	5. DATE OF BIRTH MONTH MAY 25, 1909	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS	IF UNDER 24 H
/ V   L	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ashington, D.C	76 CITIZEN OF WHAT COUNTRY?		BAITIMORE CITY OF CO		
100	CITY OR TOWN OF DEATH	I NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Retired	12b. KIND C	OF BUSINESS
of form	STATE	THE INSTRUCTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS 1522 Jutewo	ood Avenu	ie .
14.F	FATHER'S NAME FIRST Oliver	MIDDLE HINTON	IS MOTHER'S MAIDEN N  Cathlee	AME	Brown	-17
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	JRITY NO. 17 INFORMANT Avenu 1044Willa Mae	e, Landover,	, Marylar	id
	PARTI. DEATH WAS CAUSE	ly one cause per line for (a), (b), or	TUBERCULOSIS	10 0	BETWEEN	imate interval onset and dea e
	Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF COLEGIA	flewouldays	-	
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF Hepatiti	To the second		
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT REVALED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	0 '
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b	LIFYES, WERE FINDING CAUSES	OF DEATH?
		HOUR A.M. MONTH D	YEAR 19	RRED (ENTER NATURE OF INJURY IN I	ITEM IS PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATI
	sow the deceased alive on	tol) arended the deceased from 19	2 2, and that in (my) (our) opinion	death occurred on the date o	nd hour and from the	that (I) (we)
	22b. SIGNATURE	ou )	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
	22d PHYSICIAN'S NAME IN	PRINT)	22e ADDRESS			
	OHANNES	SALAKIAN M.	D. 5632 ANNI	Apolis Rd.	208	40
23a	OHANNES BURIAL, CREMATION, JOVAN BURIAL	SALAKIAN M PAPRIL 30.198	NAME OF CEMETERY OR CREMATORY	Apolis Rd,  23d LOCATION CITY OR TOWN CHECK TO THE COMMON THE COMM	COLINITY	STA



avoid at once sold the old feet of all Daries - were the control of the land and one the terms of the

DEFENCE NAME MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTER  MEDICAL EXAMINER'S CHARGE IN PROVIDE CONTROL OF THE PROVIDER CARRIES IN DOCUMENT OF THE PROVIDER C	10						MARYLAND							AB
DECEASED NAME (FO)  DOTOTHY  J SEX    LEACE   DOTE OF BRITH   DOTOTHY   DOTO	1.	- STATE		MI						- 1	0	1	4	4
DOTOTHY    SEX   LARCE   DATE OF BRITH   A AGE INTERES   BUNDER 24 MS, 21, DATE   DATE	1.0		ENDCY	MI		MINER 3	CERTIFICAT	E OF DEA						
DOPOTORY  LOUISE HORE IT BETT AND A CONTROL OF THE			FWSI		MIDDLE		LASI		70. DATE I	KNOWN	MONTH	DAY	YEAR	26. HOUR
Female black	1								DEATH	MATED [		211	982	м
Female   black   JAN 19 1943   39 vs   MARRIED   MARRI	3. SI	EX	1. RACE	5. DATE OF BIRTH						CCD		- DAY	YEAR	
OCHYOLOGINES   D.   S. A.   WOODED   DYFORED   Prince George County   MD	-			JAN. 19,	1943 39		HS DAYS HOUR	RS MIN	DEAD	CED	4	21	, 82	771
B CHYOR TOWN OF DEATH  II NAME OF HOSPITAL NURSENO HOME OR OTHER INSTITUTION  THE USUAL OCCUPATION (THE OWNER)  IN ARROP OF HOSPITAL NURSENO HOME OR OTHER INSTITUTION  THE USUAL OCCUPATION (THE OWNER)  IN ARROP TRANSPOS OR OF DEATH (THE OWNER)  IN ARROP TRANSPOS OR OF DEATH (THE OWNER)  IN ARROP TRANSPOS OR OF DEATH (THE OWNER)  IN FATHERS NAME  FRANCES			ATE OR	76. CITIZEN OF V	VHAT COUNTRY?	8. MARR	IED M NEVER M	ARRIED	9 BALTIM	ORE CITY C	OR COUN	NTY OF DE	ATH	AIV
ID COUNTY   IN NAME OF HOSPITAL NURSHING HOME, OR OTHER HISTITUTION   ITRA USUAL OCCUPATION (THE OR WORK OF OR SHEETS)   ITRA USUAL OCCUPATION (THE OR OR SHEETS)				4.5	. A.				Pri	nce Ge	eorae	e Cou	ntv	MD
Largo   Entrance   Hampton Mall   Secretary   Office	10.0	CITY OR TOWN C	OF DEATH	11. NAME OF HO			ER INSTITUTION	12a US	UAL OCCUP	ATION (TYPE	E OF WORK	126. KINE	D OF BUS	INFSS
The father's name	1				nce/ Hampt	on Mal	1	SE	CRETA	R√				
IL FATHERS NAME   MODIE   MODIE   MODIE   MODIE   MODIE   MODIES   MABEL PART   MABEL PART   MABEL PART   MABEL   MAMILTON - 1764   DUTCH VILLAGE DK.    THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   MABEL   MAMILTON - 1764   DUTCH VILLAGE DK.   THE TOTAL WAS CAUSED BY: MULTIPLE   MADEL   MABEL   MAMILTON - 1764   DUTCH VILLAGE DK.   THE TOTAL WAS CAUSED BY: MULTIPLE   MADEL   MABEL   MAMILTON - 1764   DUTCH VILLAGE DK.   THE TOTAL WAS CAUSED BY: MULTIPLE   MADEL   MABEL   MAMILTON - 1764   DUTCH VILLAGE DK.   THE TOTAL WAS CAUSED BY: MULTIPLE   MADEL   M							134 INSIDE CITY LIMI	TC2   130 STR	FET ADDRE	55	3.18		i.	
MANOEL   FLETCHER   MABEL   MABEL   FLETCHER   MABEL   FLETCHER   MABEL   M	7	MD							507	WESTA	PHAL	IA R	D.	
TRANCIS   LAMILTON   MBEL   FLETCHER	14.1			WIDDIE	TZAL		15. MOTHER'S M	AIDEN NAME	E AA	IDDLE		IA	57	
Ide NAS DECEASED EVER IN U. S. ARMED FORCES?   Ide SOCIAL SECURITY NO.   U.K.ANDIM   Idea of No.	2	Married .	3		21.07			_	M		ETC	HER		
NABEL HAMILTON - 1764 DUTCH VILLAGE DR.	160.	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT		796					911
The CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   PART I DEATH WAS CAUSED BY   PART I DEATH WAS CAUSED BY   Conditions, if any, which gove use to immediate couse (o) Multiple blunt force injuries to head   Conditions, if any, which gove use to immediate couse (o) but to o, or as a consequence of   (b)			(# 163, 0)		LINKNO	WW	HABEL H	AMILTO	N-176	4 Dun	בא עוו	LLAGE	EDR	
IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate coust (a) storing the under  Jying couse lost.  (c)  PART 2 DIRRE SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAIN BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to  199. DATE OF OPERATION  199. DATE O		18 CAUSE OF	DEATH (Enter or									APPE	ROXIMATE	INTERVAL
Conditions, if ony, which gove rise to immediate couse (a) storing the under lying couse lost.    To line & significant conditions contributing to dealn but not related to the terminal disease or condition given in part 1 is   The Conditions of the but not related to the terminal disease or condition given in part 1 is   The Conditions of the part 1 is		PARTIDEA		TE CAUSE (0) ML	ıltiple bl	unt fo	rce injur	ries to	head			501110	211 011321	
270. Certify that I took charge of the remains described above, held an Autopsy XX, Inspection , Inquiry , and in my opinion death resulted from: hother dayse) , Accident , Suicide , Homicide XX Undetermined manner , TITLE (SPECIAL)  ACTUAL SIGNATURE		76.	82		R AS A CONSEQUE	NCE OF	1000		1200	MINI.	CY			
Table   Took charge of the remains described above, held an Autopsy XX.   Inspection   , Inquiry   , and in my opinion												T.		
PART 7 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 196. DATE OF OPERATION  176. DATE OF OPERATION  179. CONDITION FOR WHICH OPERATION WAS PERFORMED?  170. EXTERNAL CAUSE WAS UNDERLYING OR CAUSE OF DEATH 7:36AM 4/21/19 82 SUBject beaten  171. HOW INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK THE PART CONTRIBUTING OF MAIL HAmptonMall, Central Ave&Rt95, Largo, PG CO,MD  178. Location Street, Action, Frame, etc.)  179. DATE OF INJURY (AT HOME. STREET, FACTOR), FRAME, ETC.)  179. DATE OF OPERATION OF MAIL AND AND ADDRESS.  171. HOW INJURY OCCURRED WHILE AT WORK AT		couse (o)	stoting the under		R AS A CONSEQUEN	ICE OF							A.,	
196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  716. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:36AM 4/21/19 82 Subject beaten  718. ILLINIORY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AND ACCIDENT		lying cous	e rost.	(c)	Name of the last									
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ONDERLYING OR COUNTRIBUTING CAUSE OF DEATH 7:36-MM 4/21/1982 subject beaten  7:36-MM 4/21/1982 subject beaten  7:16. INJURY OCCURRED WHILE AT WORK AT WORK Entrance of Mall HamptonMall, Central Ave&Rt95, Largo, PG CO, MD  7:20. Lecrify that I took charge of the remains described above, held an death resulted from: bostor causes Accident Assistant MEDICAL EXAMINER SIGNED 4/21/82  EXAMINER'S NAME HOrmez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201  7:36 BURIAL CREMATION, REMOVAL 1236. DATE HARMONY MEM. PARK HIGHLAND PARK, HD, ADDRESS 156. DATE REC'D. BY REGISTRAR'S SIGNATURE  1250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE	FRI	210. EXTERNAL	CAUSEWAS	71b. TIME C	OF INJURY	71c H	OW INJURY OCCU	IRRED (ENTER	NATURE OF INI	IRV IN ITEM 19	PART I OOD		SLX	NO L
216. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X Entrance of Mall HamptonMall, Central Ave&Rt95, Largo, PG CO, MD  220. I certify that I took charge of the remains described above, held an death resulted from: Notify dayses , Accident , Suicide , Homicide XX Undetermined manner , ACTUAL SIGNATURE  EXAMINER'S NAME HORMEZ R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201  23 (BURIAL/CREMATION, REMOVAL 23B. DATE 4-26-82 HARMONY MEM. PARK HIGHLAND PARK, HD, NAME 156. DATE REGISTRAR 256.	N O	UNDERLYING		HOUR A. 7.36	M. MONTH DAY	YEAR			TOTAL OF INDI	(B)				
AT WORK AT WORK X Entrance of Mall HamptonMall, Central Ave&Rt95, Largo, PG Co, MD  170. I certify that I took charge of the remains described above, held an death resulted from:    Accident   Accid	OIC.	714 INJURY OF		71e PLACE	OF INTURY (ATHOR	AF 216 LC	DE TOPICATION	aten						
278 I certify that I took charge of the remains described above, held an dutopsy XX, Inspection , Inquiry , and in my opinion death resulted from: Notific double , Accident , Suicide , Homicide  XX Undetermined manner , TITLE (SPECIAL)  ACTUAL SIGNATURE	ME		NOT WHILE	STREET, FA	CTORY, FARM, ETC.)			Contin	CITY OR TOV	O D + OF	CC	OUNTY	00.0	STATE
death resulted from: postror dayses . Accident . Suicide . Homicide .XX Undetermined monner .  ACTUAL . SIGNATURE . MEDICAL EXAMINER . DATE . SIGNED . AV21/82  EXAMINER'S NAME . HORMEZ R. GUARD, M.D. ADDRESS		AT WORK	AT WORK	× Jenure	ince of Ma	11   Hal	iip coniva i i	, centr	di AV	eart95	,Lar	rgo,	76 C	O,MU
ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE		27a I certify	that I took char	ge of the remains de	escribed obove, held	on Autor	sy XX, Inspe	ection ,	Inquiry	. on	id in my o	pinion		
ASSISTANT MEDICAL EXAMINER  DATE SIGNED  4/21/82  EXAMINER'S NAME EXAMINER'S NAME (TYPE OR PRINT)  PORT  4/21/82  111 Penn Street, Balto., MD 21201  236 BURIAL CREMATION, REMOVAL 23b. DATE 4-26-82  HARMONY MEM. PARK 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE  1250. DATE REC'D. BY REGISTRAR'S SIGNATURE	1	deoth resulted	d from: ploty	ropages .	Accident,	Suicide L	, Homicide	XX Undet	ermined mo	nner .				
EXAMINER'S NAME  HOrmez R. Guard, M.D. ADDRESS  111 Penn Street, Balto., MD 21201  23 (BURIAL CREMATION, REMOVAL)  236. NAME OF CEMETERY OR CREMATORY  4-26-82  HARMONY MEM. PARK  1250. DATE REC'D. BY REGISTRAR'S SIGNATURE  1250. DATE REC'D. BY REGISTRAR'S SIGNATURE		ACTUAL	14	Mala	110		TITLE (SPECIF	t)			1		110	7 /00
23 BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE HARMONY MEM. PARK HIGHLAND PARK, HD,  24 FUNERAL DIRECTOR NAME  ADDRESS  250. DATE REC'D. BY REGISTRAR'S SIGNATURE	-	SIGNATURE_	~/X	SVC	000	A	ASSIST	MED	ICAL EXAM	INER	DATE	IED	4/2	1/82
23 BURIAL/CREMATION, REMOVAL 236. DATE 23C. NAME OF CEMETERY OR CREMATORY 234. LOCATION CITY OF TOWN STATE HARMONY MEM. PARK HIGHLAND PARK, HD,  24 FUNERAL DIRECTOR NAME  ADDRESS  ADD	7	EXAMINER'S N	IAMF.	House	n - D C	A M D		111 0				140	010	0.7
4-26-82 HARMONY MEM. PARK HIGHLAND PARK, HD,  The state of the state o		(TYPE OR PRIN	T)							reet,	salto	o.,MD	212	01
74 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS ADDRESS	73	BURIAL CREMAT						23d, LC CITY	OCATION		COL	UNTY	STA	TE
NAME ADDRESS	-	Finish		4-26-82	HARMO.	NY ME		HIC	SHLANS					5 11
H.S. LAMSHINGTON + SONS 4925 BURROUGHS AVENS AND O 1/ 100.	Charles .	NAME		ADDRES	is .					R 756 REGI	ISTRAR'S	SIGNATUI	RE	
The state of the s	14	. S. lalas	SHINGTON	1 + SOMS	4925 BUK	ROUCH.	SAVE AS. C.	PR 9 1/	1000	14	.(1		01-	

12 SELE W. 1-1 HID LE WASTERS STATE OF THE STATE Samuel And Park Bernstein Travel Versions the former was need to be a second of the second to the second of the se 

. H MATERIA Miles . Distant r. deo. Pommar District Co. E. L. Md. Nonte. Surtonavilla. 15508 Krulow Pd. Surtonavilla Jour E. Hottenstein. Sue Mae Rohrbach. / // 6/4/2 peatrion Nottenntein. ( Wife ) 13 e of murial. Mart. 26, 1982 Parklayn. Cilver Space. Monte. Md. The state of the second second

	5	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  STATE OF MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.
	10	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25 HOUR (TYPE OR PRINT)
	. S.	HARRY RICHARD HOUSER DEATH MATED 4 19 1982 M
	STR	SEX 1. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 27. DATE MONTH DAY YEAR 24 HOURS MIN. PRONOUNCED
	No	Male Caucasian GOT 09 1928 53 YRS.  BIRTHPLACE (STATE OR   7.6. CITIZEN OF WHAT COUNTRY?   8. STATE OR   9. BALTIMORE CITY OR COUNTY OF DEATH
	S NECE ART HE SE FUNER HE SE FOR S S FOU S MITHELY OF RE	Pennsylvania U.S.A. WIDOWED DIVORCED Prince George MD
1	T SECENS	CITY OR TOWN OF DEATH  13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK IND. LIFE)  121. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121. USUAL OCCUPATION (TYPE OF WORK IND. LIFE)  OR INDUSTRY
	A So Se Paragraphical Paragrap	Cheverly Prince George's General Hospital Engineer   Dept. Def.
	21201 F ANY I RETAIL HOULD RECORD	Aaryland P.G. Co. Laurel 136 INSIDE CITY LIMITS? 120 12102 Cedarbrook La.
	MD. III. III. III. III. III. III. III. I	FATHER'S NAME  HATTISON  FIRST  HOUSEY  FIRST  FAST  FOR MIDDLE  LAST  FREST  FOR MIDDLE  LAST  F. Bickel
	OAN PESS	
	ALTIMA AFTER SIVE PA SIVE PA SIVE PA IN FOR	was deceased ever in u.s. armed forces?  (YES. NO. OR UNKNOWN) (IFYES GIVE WAR OR DATES)  Yes. (189-22-8486 Verlys J. Houser same as #13
	HOURS M 18. C M 18. C MG WII ENE, DIN.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Gunshot wound of the head handgun
	RESTOR TIN 24 LIN ITE R ALON VSIT PE HYGIE AMOVA	Conditions, if any, which
1	N W. PREST ED WITHIN I PENCIL IN AMINER A AMINER A AENTAL HY AENTAL HY	gave rise to immediate couse (a) stating the <u>under-lying cause last.</u> (b)  DUE TO, OR AS A CONSEQUENCE OF lying cause last.
1	EXECUTED ING." IN PRICAL EXAM A BURIAL." A AND MEI WATION, O	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L (a).
	RECOIL TO BE IN MEDIN MEDIN MEDIN MEDIN MEDIN MEDIN MEDIN	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  YES NO X  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY HOUR AM MONTH DAY YEAP  101. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	SHOULD ORD "PE ORE NE USED A U	YES NO K
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIRST AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. FRAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES LAND 2 SHOULD BE FILED.  **AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201, WAS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
	VISIO ERTIF FING ED TG 3 SHC DEPAR PRIO	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION
	DI THIS C WARD WARD PAGE TATE I	WHILE AT WORK AT WORK Phome-patio STREET ACTORY, FARM, ETC.) home-patio 12102 Cedarbrook Lane, Laurel, Pr. Geo., Md.
	COATE, TO COATE,	22a   Certify that   taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry .
	RTIFIC RECT	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner,
	A POLICE CONTRACTOR AND A POLI	ACTUAL SIGNATURE ALGUSTO SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED 4/19/1982
	WEDICA CUTE TI FLA SH FLUNER SH DEA FINORI	EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md.
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	IN BURIAL CREMATION REMOVAL 1235 DATE 1236 NAME OF CEMETERY OR CREMATORY 1234, LOCATION
	BP	Burial 4/22/82 Md. Veterans Cem. Crownsville A.A. Co. Md.
	DHMH - 17 (VR A15 ME (5))	LECK LAUREL FUNERATESHOME, INC. 7601 Sandy Spring Rd. Laurel, Md. 20707 APR 20 1982 Figures Signaphiather
H	15M2/80	The same porting kg. Laurer, Mg. 20707 Mill - 1000 VIII

9 (1) The court of the Albana to make more advance to \$20.55 carries and the court of the 

3 6 M	FOR T - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	1071	7
KIN	1. DECEASED NAME FIRST (TYPE OR PRINT) JIMMI	MIDDLE	HOUSTON	20 DATE OF DEATH APRI	100	0UR 251
	3. SEX MALE	4 RACE CAU	5. DATE OF BIRTH  MONTH FEB 12 1942	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UND MONTHS DAYS HOUR	DER 24
1 11 49	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  GEORGIA	76 CITIZEN OF WHAT COUNTRY?  USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED X		OR COUNTY OF DEATH	
1 1 28	ANDREWS AFB, MD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MALCOLM GROW US	AF MED CENTER	120 USUAL OCCUPATI		
1 1 83	USUAL RESIDENCE (IF NURS HOME OR 130 STATE COUNTY FAIR.	ITY 13c. CITY OR TOW	ADMISSION)  134 INSIDE CITY LIMITS?  YES 1 NO	13° STREET APPRESS 4047 MAJES	TIC LANE	
MARYL ted within ompletely and 2 si	14. FATHER'S NAME FIRST BOB	MIDDLE LAST HOUS	TON 15. MOTHER'S MAIDEN NA FIRST MATTIE L	OUISE RACHE	L	
be execu	160 WAS DECEASED EVER IN U.S. AR.  (YES NO OR UNKNOWN)  1959	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 258-64-5		4047 MÅJE FAIRFAX V	STIC LANE	
ST., BAL rifficate physicic onpapers emovol.	PART I. DEATH WAS CAUSE		rafory Arrest	RESPIRATOR	APPROXIMATE IN BETWEEN ONSET AN	TERVA.
death ce attending ove corbit fion, ar r	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	TIMO OA	NCER		
that the the sase remo	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
RDS, 20 equires on signed Then pla tr ta burn injury, o	Q	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
AL RECORDS he low required. In hos been signed prior to the liene prior to the low rows ony injury.	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE- YES NO	ATH?
OF VITA ICIAN: T g physici ertificate col-transi mtal Hyg em 18 sh	OR CONTRIBUTING CAUSE OF DEA		AY YEAR			
7151ON OF	21d INJURY OCCURRED  while NOT WHILE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION	CITY OR TO	wn COUNTY	STATI

MAR 27a I certify that (I) (this haspital) attended the deceased from, sow the deceased alive an APR 16 19 above, (I) (we) (did) (did not) view the body after death. APR 16 82 and that in (my) (our) apinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE

22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22d PHYSICIAN'S NAME (TYPE OF PRINT) EDWARD THOMPSON, CAPT, USAF, MC

MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB, MD 20331

23a. 8	BURIAL, CREMATION, REMOVAL	4-18	-1982	23c. NA

Cresview Memorial Park CITY South Hill COUNTINIANTE

24 FUNERAL DIRECTOROBERT E Wilhelm Funeral Home
NAME Suitland Maryland ADDRESS

126 KIND OF BUSINESS OR U.S. AIR FORCE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

8:25P

IF UNDER 24 HRS

DHMH - 16 50M 1/B1 (VRA 15, 4)

ould be detoched for use as th the State Dept. of Health TO FUNERAL DIRECTOR: After HOSPITAL OR ATTENDIN

IMPORTANT: IF

etoined by the hospital or

BP.

0117 No. of the second secon 0.3 3 = 2 3 Burdel Grant Consvious South Hill Mirginia Annual Leannais Annual House College

1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	0 -	REG. NO.	0	7	1	8
	ECEASED NAME	FIRST	,	AIOOLE		(AST	2a DATE OF DI	EATH MONTH	DAY	YE AR	2b HOL	JR P
1		llace	5	R	Ho	oward		04	28	82	8:0	15 "
3 SE	X	1	RACE		5 DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)		OER I YEAR	IF UNGER	
	Male		Wh.	ite	Oct	9,041928	53	YE	MONT	HS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR F	OREIGN 7	& CITIZEN OF	WHAT COUNTRY?	8	707	9. BALTIMORE	CITY OR COU		DEATH		
	Georgia		U.S	.A.	WIDOWE	NEVER MARRIED DIVORCED	PRINCE	GEORGE	15 C	YTMUC		MD
	HEVERLY	TH 1			IG HOME C	PROTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO Manac	R MOST OF WORKIN		NE KIND O		ESS OR
130	AL RESIDENCE (IF NURSI STATE (aryland	136 COUNT	CO.	GIVE RESIDENCE BEFORE  13. CITY OR TOW  RIVER de	ale	13d INSIDE CITY LIMITS? YES \( \text{NO } \text{X}	13e. STREET ADI 5808	oress 67th	Ave			
14 F.	ATHER'S NAME		IDDLE	TAST		15 MOTHER'S MAIDEN NA	_					
	Joseph	M	DULE	Howard	£	Bertha	٨	AIOOLE		Clou	id	
160	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
1	YES NO OR UNKNOWN)	WWII	WAR OR OATES)	259-38-	-4650	Ellen B. I	Howard	same	e as	#13	3	
	4148 Conditions, if ony,	AS CAUSEÓ IMMEDIATE which	BY: CAUSE (a)	R AS A GONSEQUE	des	respectory	Anen	they		35	me	OSATH
	gove rise to imm couse (0), stofin- underlying couse	g the lost.	(c)	R AS A CONSEQUE	ary	/ artery	des	care		V		
z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>CC</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN I	V PART 10	>,	
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS			RE FINDING CAUSES		TH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF GEATI	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATUR	e of injury in item	18 PART 1	OR PART 2)		
MEDICAL	21d INJURY OCCURR	ED	21e PLACE (			21f. LOCATION STREET	c	ITY OR TOWN		COUNTY	S	STATE
	220.1 certify that (1) sow the decease above, (1) (sue) (d	d olive on	Hpvi	1 23 10 4	82, or	nd that in (my) (sor) apinion (	, to death occurred o	n the dote and	5, 19 <i>8</i> hour and		that (1) (s	
	226 SIGNATURE	A m	. Hol.	dman	n		MEDICAL DIRECTOR	STAFF PHYSICIAN		4/29	SIGNED	
	22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT}			??e ADDRESS						

23c. NAME OF CEMETERY OR CREMATORY

Md. Veterans Cem.

DHMH - 16 50M 1/81 (VRA 15, 4)

The funeral Director FLECK: LAUREL FUNERAL HOME INC. 7601 Sandy Spring Rd. Laurel, Md.

23b. DATE

230 BURIAL, CREMATION, REMOVAL BUTIAL

Crownsville, , A.A. APR 30 1982

5/3/82

10 - St 22 - 10 - 11 - 11 - 11 - 11 - 11 - 11 -	27/16/15/16	CONNECTO
	- 22 - 24.0	
YTHURD SEPTEMBER COURSE		
		. D. D. ADERINGE
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## STATE OF MARYLAND

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	1.	STATE REGISTRAR			DEPAR	CERTI	FICATE OF DEATH	REG. N		0 /	IA
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	{1796	E OR PRINT)	Cathe	rine	L.	JA	CKSON		04-15	5-82	2:00AMm
	3. SE	X		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female			White	Aug	ust 5. 1921	60	YRS	MONTHS DAYS	HOURS MIN.
5		IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN O	F WHAT COUNTRY		D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
		shington,	D.C.	U.S.	A.	WIDOW		PRIN	CE GEO	ORGE'S	MD
d	10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURS		OR OTHER INSTITUTION	170 USUAL OCCUPATI			F BUSINESS OR
T		CHEVERLY		PRINC	E GEORGE		ERAL HOSPITAL	Housewife		Own	Home
1		AL RESIDENCE (IF NUI	13b. COU		N GIVE RESIDENCE BEFO		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Ma	ryland	P.	G.	Bladens	burg	YES 🞇 NO 🗌	5999 Emer	son Si	treet	
4	I4 FA	ATHER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIDEN NA	ME		l AS	
7	Jo	hn	H	enry	Snyder		Thelma	Milote		Howa	
		VAS DECEASED EVEL		RMED FORCES?			17 INFORMANT	ADDRE	ss Addı	ress Sa	me as
	No				578-20	<b>-7614</b>	Franklyn L.	Jackson	No#	13e.	
		18 CAUSE OF DEA			er line far (a), (b), o	and (c).)	0	· A		BETWEEN	MATE INTERVAL ONSET AND DEATH
		1 4 4 4		TE CAUSE (a)_	lardy	) - P	elmonary C	evrese			
		1629		DUE TO,	OR AS A CONSEO	UENCE OF	At. O.	10			
		Canditians, if any		(b)_	Severe	There	island Ca	ucer of se	wg.		
		cause (a), stati	ng the	DUE TO,	DR AS A CONSEO	UENCE OF		O	0	4 The	
		- /		(c)				-			
	z	PART 2 OTHER SIG	NIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	3)
_	ATIO	190 DATE OF OPERA	TION	LIGH CONU	DITION FOR WHIC	HODEDATIO	N WAS PERFORMED	AN AUTODOVA	Tage IF VEC	WEDE EN ID	
7	CERTIFICATION	DATE OF OPERA	11014	170. CON	DITION FOR WHIC	.H OPERALIC	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
-	ERT	71n ACCIDENT WAS UN	OERLYING F	7 216 TIME	OF INJURY		1214 HOW IN HIRV OCCUPY	YES NO	1	s 🗀	NO 🗌
1		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	Y IN ITEM 18 P.	ART I OR PART 2)	
/	MEDICAL	116 INJURY OCCUR		-	OF INJURY	19	21f LOCATION				
	ME	WHILE CO NOT W			TREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WO	)RK			111	2 87	2 4/	1	87	
		22a I certify that ()		utal) attended t	2	~71	nd that in (my) (our) opinion	death assured on the de	<u> </u>		that (I) (we) lost
		226 SHOTEN LINE	die (did no	of view the bod	y after death.		DEGREE!	dean accorded on the de	re and noon	-	
		1	Vial	1/3	Mara	N. 1	ATTENDING _	_ MEDICAL STAF		221 DATE	1-/0-
		270, PHYSICIAN'S N	AME ITYPE	OR PRINT	1 www.	TUC N	PHYSICIAN [	DIRECTOR PHYSIC	IAN	17/	15/0/
		KICHA	_	AM	ARASA	mo	Decil C	"HEUSOI	1	nd >	200

23c. NAME OF CEMETERY OR CREMATORY

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detacl

IMPORTANT: If Item 21 is marked or Item 18 shaws an

and completely filled

Burial
24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Md.

4-17-82

236. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

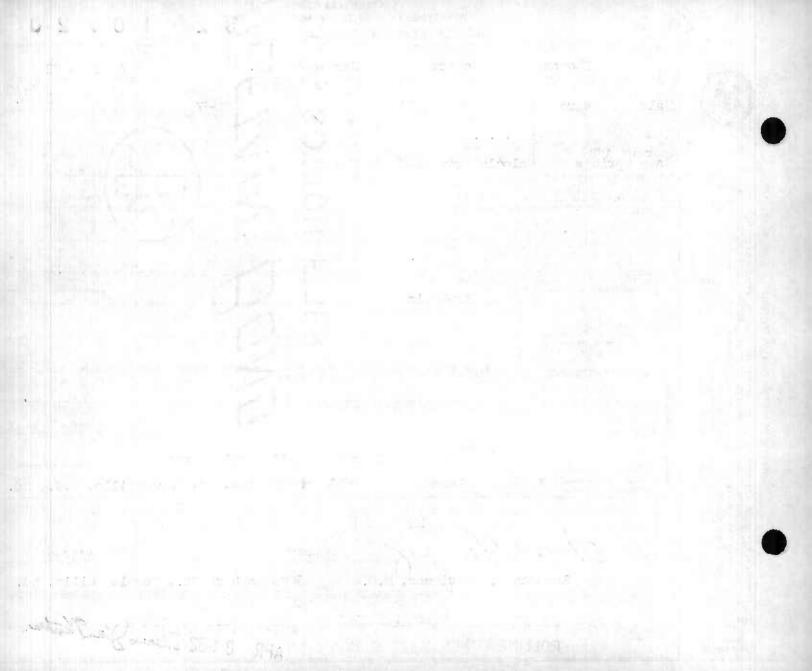
Ft. Lincoln Cemetery Brentwood

236 LOCATION

P.G.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-Thomas Robert Jackson Sr. DEATH MATED 19 82 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 19 82 9/12/1897 D. . Male Negro 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY: 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND U.S.A. WIDOWED DIVORCED PRINCE GEORGE'S II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS alcolm Grow USAF OR INDUSTRY FOR MOST OF WORKING LIFE! Camp Springs FARMER. FARMING USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO | 3301 WALTERS LANE YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST TLLIAM H. JACKSON ANN R. BROWN 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3225 WALTERS LN. 217 60 9911 FRANCES HAWKINS FORESTVILLE MD. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Asphyxia DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 3 SHOULD BE DEPARTMENT BU 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY
HOUR XX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR 4 P.M. CONTRIBUTING CAUSE OF DEATH choked while eating bread 21e PLACE OF INJURY (AT HOME PAGE 4 SHOULD BE FORWARDEL
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 2] 201 F AT WORK AT WORK STREET, FACTORY FARM ETC.) 3301 Waters Lane, "44, Forestvifle, P.G., Md. Inspection X 27a I certify that I taak charge of the remains described above, held an and in my apinian death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) Deputy DATE SIGNED 4/4/82 MEDICAL EXAMINER Augusto P. Rodriguez, M.D. EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills, Md. (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION RESURRECTION BURTAL BP. CLINTON. APR 8 1982 24 FUNERAL DIRECTOR **DHMH-17** NAME ROLLINS FUNERAL HOME, INC. VR A15 ME (5) 15M 2/80 4339 HUNT PLACE, N. E.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWNXX (TYPE OR PRINT) 4-25-82 OF ESTI-**JAQUITH** RUSSELL DOUGLAS 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE PRONOUNCED white male 1954 27yRS Dec. 79. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Washington. U. S. A. Prince George's County ID. CITY OR TOWN OF DEATH Mgr. Motorcycle Sales Ser. Prince George's Co. Hospital Cheverly USUAL RESIDENCE (IF IN NUR MO IOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Taylor St. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Taylor St. Brentwood P. 14 FATHER'S NAME May L. LAST Ifving Jaquith 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO rving E. Jaquith. 2920 Woodstock Av 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING 14F WORD: "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF THE BALLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 21a, EXTERNAL CAUSE WAS 216 TIME OF INJURY
BEDDE CALMONTH DAY YEAR
3: 12M. 4-25-8219 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING CAUSE OF DEATH driver of motorcycle/fixed object impact 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) 374H&Taylor Street TY OR TOW Prince George's, Co. ; Md. NOT WHILE AT WORK Autopsy X 22a I certify that I took charge of the remains described above, held an and in my opinion deoth resulted from: Homicide Undetermined monner ACTUAL DATE 4-25-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn STreet (TYPE OR PRINT) ADDRESS\_ Bladensburg Rd.couP. G. Md. 230 BORIAL, CREMATION, REMOVAL 736 DATE 1982 Ft. Lincoln Apr. BP **DHMH-17** (VR A15 ME (5) 15M 2/80

Peg. 5, 1954 27 May waste . The point alevanoto' . To' 3606 Taylor St. Srentwood P. C. Co.+ 3600 Taylor St. TAY I. TENDERSONS THE Irving Samita Trying P. Jacuith. 2970 Woodstool IN 214-70-2200 - 91 8 191

cremation. Apr. 29, 1982 Ft. Lincoln Sladensburg Fd. F. E. M.

and 2 (8

STATE OF MARYLAND

1 - STATE
PECHSTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

CERTIFICATE OF DEATH

REGISTRAN				CENTIL	TERTE OF PERII	REG. 1			
1. DECEASED NAME	PMST		MIGDLE		OKEF.	24 DATE OF DEATH		DAY YEAR	2h HOUR
Clark the senset	FRANK	1	1	J	EFFRIES	APRIL 12	, 198	32	11:30A
I. SEX		4 RACE	- thinks		OF BIRTH	6. AGE (INTERESTANTE	EHDATI	FUNDER CHAR	IF UNDER DAME
Male	-1.3	White		Octo	ber 12, 1913	68	985	MONTHS EATS	HOURS TO MAN
BIRTHPLACE INVALO	ORFOR(GN		WHAT COUNTRY?	8	Value of the State	R BALTIMORE CITY	Contract of the Contract of th	Y OF DEATH	
irginia		U.S.	۸	WIDOW	ED NEVER MARRIED	Princ	e Geo	orge's	A
CITY OR TOWN OF D	EATH	II. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12x USUAL OCCUPAT	TON	175 KIND C	OF BUSINESS C
Lanham	104				Pr. Geo. Co.	Grillman -			Food
SUAL RESIDENCE IF N 30. STATE	135 COUN	CTHER PUTTITUTION	THE CITY OR TOW		1134 INSIDE CITY LIMITS?	134 STREET ADDRESS			
Maryland	P.G.	Co.	New Carr	ollto	YES X NO	7711 Rive	rdale	Road #	102
I. FATHER'S NAME		NDDIE	CAST.		IS MOTHER'S MAIDEN NA	ME		0 1	6
Frank			Jeffries		Emily	_		Clark	
M. WAS DECEASED EV			184 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	ESS:		
Yes	WWI	WAR DE DATES	577-24-2	749A	Audrey V. Je	ffries/(Wi	ce) Sr	ome as	13.
PART I DEATH	WAS CAUSE	D.BV	line Prot by on	e II Bell	a) Allina	with for	700	BETWEEN	CHUET AND DEAT
PART L DEATH	IMMEDIAT		CAMO	MOM	a of leurs	mo foros	all	0	
1/629	THE STATE OF THE S	ANNE	R AS ONSEQUE	nice/he	DANA				
Conditions, if a	ny, which	6 60	Ken	11	Sallen				
gove rise to a		1		NIET OF	Λ	Date of A		F- (C) 10	
underlying cou		DUE TO, O	R AS A CONSEQUE	SINCE OF				100	
PART 2: GAHEASI	CAMERICANTO	our flour	ONTO MAKE TO Y	TEATED.	NOT ALATED TO THE TERM	Acres	IDITION C	DIEN BURNET L	
	mette.	Dicata	MIXYIN	V	11 VIII ALLA WA	Klisedy	10	)	
THE ACCIDENT WAS	Muc/	III COND	ITION FOR WHICH	DESTATIO	IN WAS PERFORMED	70s AUTOPSYT	A COLUMN	ES. WERE FINDS	NOS LISED
E IN DAIL OF COL		114 CO	MONTH OF MINE!	O' LEATE		and the second	IN CERT	IFYING CAUSES	OF DEATHS
71a. ACCIDENT WAS I	MATERIAL PARTY	216 TIME C	or the second		THE HOW ALLERS SCOUN	MES ONO DE		rts 🗌	NO []
Chief Constitution Control of	The state of the s	10 Y 26 C 1000 TW	M MONTH D	AY YEAR	THE HOW INJURY DECUR	MED SENSTE NATURE OF THE	NA AN INCHES	( vast   Devast ()	
SIN INJURY OCCU	PRODUCTION OF THE PROPERTY OF	_	M.	19			100		
SIN INJUST OCCU			OF INJURY BIET FACTORS OFFICE F	ASM THE	TH LOCATION	CITY OR S	Chiere	county	Man
THE PARTY OF THE PARTY.	3,616	Table Still St			10		0 1	. 0	
270.1 certify that	this hospit	ral) attended th	Section 10 10	200	10 0	to apri	12	1007	that (1) well
saw the ece	and old on	appl	10 3	4	git that in my lour   opinion	death occurred on the	fate and he	our and from the	courses stated
77h SIGNALLY	11) 1/1	CA	1	1	CARRE	/		22c DATE	GNED ,
1	YINU	wax	todd	NA	ATTENDING PHYSICIAN I	DIRECTOR   ST	AFF	4	157/0
224 PHYSICIAN'S	NAME ITHE	THE PARTY OF	1000	MA	AT ADDRESS	P. DIRECTOR C. PHYS	LIAN L	11/	16/8
120000000000000000000000000000000000000			4 D			War C		ton de	2079
WILLIA	n D. KC	esson, l	1.1).		5701 85th A	ve., New Ca	TLOTI	LLOII, MI	. 30/04

Fort Lincoln Cemetery

Riverdale, Maryland

THE LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

The BURIAL CREMATION REMOVAL BUTIAL

Chambers Funeral Home

14 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR

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1-	FOR STATE		AAE	DEPARTMENT	OF HEALT		2-5		1	0 7 2 3
I. DE	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	WINER 3	LAST		20. DATE KN	REG. NO.	ONTH DAY YEAR 76
	E OR PRINT)	Jame		Harold		Jerew.	Jr.	OF E		4 10 1982
SEX Ma	ale l	RACE White	5. DATE OF BIRTH	YEAR LAST	(IN YEARS IF UI PIRTHDAY) MON YRS.	NDER 1 YR. IF U	NDER 24 HRS.	?c. DATE PRONOUNCE DEAD	MC	4 10 1982
	aryland		76. CITIZEN OF W	HAT COUNTRY?	8 MARE	RIED NEVER A	AARRIED L		_	ounty of DEATH
	Chever!	ly	Prince G	SPITAL, NURSING I	Genera!		12a. USU	AL OCCUPAT LOST OF WORKING LATER	ION (TYPE OF V	
13a_S	TATE aryland		OR OTHER INSTITUTION, ONTY CE GEO.	13c CITY OR TO' Chever	WN	13d. INSIDE CITY LIM	115? 13-341	8 Chev	erly A	venue
14. FA	James		MIDDLE Harold	Jerew,	Sr.	IS. MOTHER'S A		Mary	E	Windsor
16a V	VAS DECEASED ES NO, OR UNKNOW Yes	(N) (IEMER PO	RMED FORCES?	16b. SOCIAL SEC 217 72		James				lst Avenue ver Hills, M
	18 CAUSE OF		inly one couse per lin ED BY: ATE CAUSE (a) GU							APPROXIMATE INTE
NOIL			S CONTRIBUTING TO DEAT							
TIFICAT	19a DATE OF			ITION FOR WHICH						20 AUTOPSY?
MEDICAL CERTIFICATION		G CAUSE OF	DEATH PX	M. MONTH DAY  MX 4 10	YEAR	ON INJURY OCC		NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)
						Self inf	11CIEG			
MED	214 INJURY OF		STREET, FA	OF INJURY (AT HO CTORY, FARM, ETC.) ME	ME. 211 LC	STREET 18 Cheve		CITY OR TOWN	erly, F	P.G., ME
MEDI	WHILE AT WORK  22a. I certify death resulte	NOT WHILE AT WORK	STREET, FAI	CTORY, FARM, ETC.)	34	DCATION STREET  18 Cheve DIV I Insp  1, Homicide  UTLE (SPECI	rly Ave	Inquiry C	ond in	my opinion
MEDI	WHILE AT WORK  22a. I certify death resulte  ACTUAL SIGNATURE  EXAMINER'S N	NOT WHILE AT WORK that I took that d from:	STREET, FA	MME  scribed above reld	34	DCATION STREET  18 Cheve  DIV I Institute (SPECI	rly Ave pection , Undete	, Cheve	ond in	my opinion  DATE 4/10/8
73o. B	WHILE AT WORK  22a. I certify death resulte.  ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	NOT WHILE AT WORK that I took that d from:	SIREET, FA	Smith, M.[	34 on Autor	DCATION STREET  18 Cheve DIV I Insp  1, Homicide  UTLE (SPECI	rly Ave pection , undete	Inquiry C	ond in	my opinion  DATE 4/10/8

7 PPRI 0 des Sent front Sill no i tours trouchion and die 3418 Cheverly Avenue Win rate . ( 6: 4 ) 2 4 had gently roabail Jeron, Er. Stone part 1 - 1 - 1 - 1 - 1 220 Cuney J.F. Ofth on incustory. CHANGE LIE James H. Jeros, er. Jandover Hills, Md. Cheltenbam P.G. Meryland . -- Tyrana Farty and CONT. P. P. Propers Canch's Sons Funeral Hope, 1.1. Myntthyille, Perylend

3 1	-	FOR				DEPAR			MARYLAN H AND M		VGIENE	679		0	9 13	A
YES		STATE REGISTRAR			М				CERTIFIC		FDEATH	12	G. NO.	U	1 4	**
(EVI)		CEASED NAM	E F	FIRST		WIDDLE			LAST		20.	DATE KNO	NN N	HTMOA	DAY YEAR	2b HOUR
2				athle		Mary			Jerew			OF EST	ED [	4	10 1982	,
	3. SEX		4. RACE		DATE OF BIRT	Y YEAR	P LAST BIRT	HDAY) MON	INDER 1 YR.	IF UNDER		DATE	AA	ONTH	DAY YEA	3:4
l		RTHPLACE (S	White		Feb. 28			YRS.			9.8	DEAD ALTIMORE	CITY OF C		10 1982	a A
۱	Wa	shingto	n D.C		U.S.A.		OTTIKT:		RIED NE	VER MARRI DIVORC	ED L	rince				. V
1		TY OR TOWN			I. NAME OF HO (IF NOT IN SUCH Prince (	FACILITY, GIV	E STREET ADDRES	5)			12a. USUAL	OCCUPATIO OF WORKING LI	N (TYPE OF	WORK 12	OR INDUS	BUSINESS
	USUA		(IF IN NURSING	HOME OR O	THER INSTITUTION,	GIVE RESIDEN	ITY OR TOWN	SSION)	13d. INSIDE CI		13e STREET 3418	ADDRESS Cheve	erly	Aven	ue	
ĺ	14. FA	THER'S NAME			AIDDLE				15. MOTHE	ER'S MAIDE						
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer deoth. Page 4 moretained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director is should be detached for use as the build-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner marke notified at once.
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BP. DHMH - 16 50M 1/81 (VRA 15, 4) FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2

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BURIAL BEIDVAL APR. 19,1962 FLANMAN BURE OLI HOME CHEEFTERS, 1.0.
ALEMALUKU S. 1985 2617 PRUBYIWANTA AVE S.E.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN X O. DATE (TYPE OR PRINT) ESTI-Howard Jolley William DEATH MATED 18 1982 4. RACE SEX S DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED July 24,1929 DEAD Male White 52 18 19 82 6p . M Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Washington, DC U.S.A. WIDOWED [ DIVORCED Prince Georges Countwo rM 3. RETAIN PAGE SIND 2 SHOULD BE PILED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Springs, ND DOA Malcolm Grow USAF Med. Ctr. Safety Supervisor Food USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Geo. emple Hills Brinkle, Road YES X DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 1B. GIVE PAGES 1, 2, WITH FORM PM 3. NIT. PAGES 1 AND 2 SI DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME George LAST LAST H. Jolley Florence Fisher 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IAL SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) No 578-30-8463 Annie M. Jollev Same As ALONG WI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, 28 AUTOPSY? YES EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT OF UNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BLY 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinian Notural causes Homicide L Undetermined manner TITLE (SPECIFY) 4/19/82 Deputy DATE MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Temple Hills. Md. Augusto P. Rodriguez, M.D. Burial 1982 Trinity Memorial Walderf, BP 24 FUNERAL DIRECTOR Funeral Home, Inc. Lee CANCES **DHMH-17** IVR A15 ME 66 Old Alexander Ferry Rd., Clinton, 15M 2/80

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7601 Sandy Spring Rd. Laurel, Md. 20707

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52

CERTIFICATE OF DEATH

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REGISTRAR

PROPERTY SERVICE

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MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FORM FUNERAL DIRECTOR: FENDERAL DIRECTOR: FINANCE, MARYLAND,		ACTUAL SEGNATURE CHAMBER	prol couses .	Accident S	Autop	Homicide TITLE (SPECIFY) Deputy	Undetermined manner  MEDICAL EXAMINER  Ayburn Ct.,	and in my opin  DATE SIGNED  Camp Spr	4-24	-82 d.
Bb———	(:	URIAL.CREMATION, REMOVAL  BÜTİAL  UNERAL DIRECTOR		1.982 Akroi			23d LOCATION CITY OR TOWN AKTON, COL	COUNTY Orado		t
DHMH - 17 (VR A15 ME (5)) 15M 2/80		Monaldson Fu	neral Home	, Laurel, l	ıld	APF	2 8 1982	LANCE OF	willes User	

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2617 Pennsylvania Ave., S.E.

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

ALEXANDER S. POPE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the turn at should be detached for use as the busial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled within 72, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO DECEASED NAME 2n DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 10 1082 Jefferev Joe Koppenhoefer SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER | YR. 2d HOUR DATE ST BIRTHD AY PRONOUNCED : 30A Male White Spt 26, 1960 1982 DEAD 10 To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Kansas U.S.A. WIDOWED [ DIVORCED Prince George's County. D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS College Student Lelan Hospital Riverdale 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UL COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS Greenway EllicottCity Ellicott City YES Howard Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Kenneth Koppenhoefer Joetta Cramm 7 INFORMANT ADDRESS IAN SOCIAL SECURITY NO DIVISION (YES, NO, OR HUKNOWN) 212 50 2959 Kennethf Koppenhoefer 3005 Greenway 21043 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR MEDICAL 1:36xx 10 19 82 Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21L LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DE BALTIMORE, MARKLAND, 21201 PI WHILE AT WORK street 8131 Baltimore Ave., Berwyn Hgts, 22a I certify that I took charge of the remains described above, held on and in my opinian Suicide Hamicide Undetermined manner Accident TITLE (SPECIFY) ACTUAL M.D. Deputy ChiefeDICAL EXAMINER 4/10/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial April 12,1982 Crestlawn Howard, APR 13 1982 24 FUNERAL DIRECTOR **DHMH-17** Harry H Witzke 4112 Columbia Rd Ellicott City (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

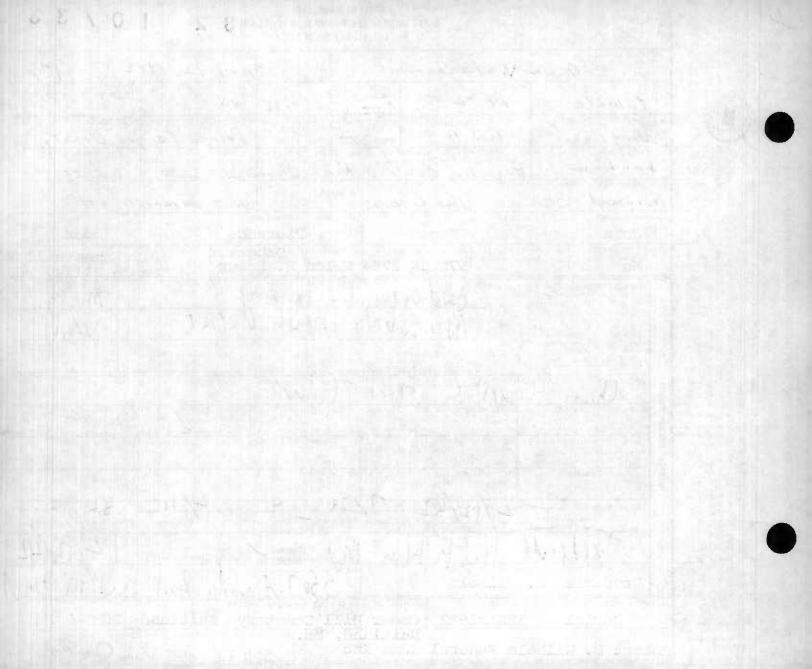
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

S. U - - Ollering (blesses) Les Sin Les Presentes de la College 188 30 1987 Ames Con Plate

	1	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH		0733				
3 74		DECEASED NAME FIRST  YPE OR PRINT)  Della	V. Lanhan	LAST	April 12, 1982 14					
P P P P P P P P P P P P P P P P P P P	3.	7emale	4 RACE 5. DA	ATE OF BIRTH MONTH OAY YEAR 1896	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI					
1	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIV9/11/2	1 1 1 1 1 1	RRIED NEVER MARRIED OWEDXX DIVORCED	9 BALTIMORE CITY OR COUNTY OF COUNTY	NTY OF DEATH				
by the filled with	0	Lanham	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Maznolia Garden	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sales Lady	126. KIND OF BUSINESS OR				
ly fulled in should be in should be in	7 13	SUAL RESIDENCE (IF NURSING HOMEO B. STATE  136 COU  137 PG  PG	ROTHER IN ITUTION GIVE RESIDENCE BEFORE ADMISSINTY  136. CITY OR TOWN  MEHOW HELD	(134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4067 NE reros	55 57				
campletely 1 and 2 st	0	FATHER'S NAME John	Page Page	15. MOTHER'S MAIDEN NA/	ence	0đển				
be execut an and co	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES?   166 SOCIAL SECURITY   578 36 17		nghter ADDRESS 01 Baker Tem	2 Summerhill F				
equires that the death certificat in signed by the attending physis. Then please remove carban pop is to burial, cremation, or remove injury, or other traumatic event,	N	Conditions, if ony, which gove rise to immediate couse (0), storing the underlying couse lost.  PART 2 O HER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c)  DUE TO, OR AS A CONSEQUENCE (c)  DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS GONTRIBUTING TO DEATH	ANI MAST	MKULL NINAL DISEASE OR CONDITION C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WW  GIVEN IN PART 1(0)				
The law re ician.  te has beer seit permit.  giene prior	CERTIFICATION	19a DATE OF OPERATION	190 CONDITION FOR WHICH OPER		YES NOW IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO				
HYSICIAN: The ading physicio us certificate I buriol-transit Mental Hygie or Item 18 sho	MEDICAL OF			211. HOW INJURY OCCURR 19 211. LOCATION	RED (Existes MATURE OF MULIER HATTERN T	A PART > CHIPMAN 2)				
DR ATTENDING PH hospital or aftend INECTOR: After the hed for use as the tept. of Health and A tem 21 is marked o	ME	22a.l certify that (I) (this hope sow the deceased alive or	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	7/24 10 41	to 4/12 death occurred on the date and h	19 19 that pho(we) last our and from the causes stated				
by the ERAL DERAL		22d. PHYSICIAN'S NAME (TYPE		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/12/42				
TO HOSE retained TO FUNI should b with the	22	Frederick H	And the second s	1 700/4	MADELLA YOU	TYPTING MUNICIPALITY				
BP	23	Burial  Burial	The state of the s	of CEMETERY OR CREMATORY r Hill Cemete	CITY DETONING	PG Md				
DHMH - 16 50M 1/81 (VRA 15, 4)		funeral director obert E. Wilh	Suit elm Funeral Home	land, Md. 154 DATE	PR 1 6 1992	STRAN'S SIGNATURE				



ordinas be replied as long

MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	PEATH	REG. N	10.			
		CEASED NAME FIRST	WIDDIE		AST		20 DATE OF DEATH	MONTH	DAY YE	AR	2b. HOUR
	(TYPE	Laure	Louise	L	anham			4	15 8	2	11: a5 Am
7	3. SE		4 RACE	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1		IF UNDER 24 HRS
		Female	White	MONTH	DAY.	YEAR 8 3	newbo	rn <sub>YRS</sub>	MONTHS E	DAIS	23 55
1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	D NEVER	MADDIED I	9 BALTIMORE CITY	OR COUN	TY OF DEAT	Н	
5	,	Maryland	U.S.	WIDOWE		VORCED	Prince	Georg	200		MD.
1	10 CI		11. NAME OF HOSPITAL, NUR	SING HOME		-	120 USUAL OCCUPAT	ION	12b. KII		F BUSINESS OR
6		Clinton	Southern many		الملايمة	Center	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUS	TRY	
-	-USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)					/	7	
5	130. 8			dorf	YES YES	NO [	Box 90	Sard	iner	Rd	
2	14 FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER	S MAIDEN NAM	WE			1	1-2 N.S.
SC	1	Donald	R. Lanha	m	MAR	FIRST	MIDDLE	R	IGUTT	LAST	
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1			E WAR OR DATES)	A	Stone	uld P-	Lanhain		idorf		Parameter And
		18 CAUSE OF DEATH (Enter and	ly ane couse per line for (a , (b),	ond to	4				BETV	PROXI	MATE INTERVAL
	-	PART I. DEATH WAS CAUSED	E CAUSE (a)	mater	rete.	< 26	wks.		- 1		
		7651	DUE TO, OR AS A CONSEC	OHENICE OF	1				1 197		
		Conditions, if ony, which	OUE TO, OK AS A CONSEC	DOENCE OF					1.0		
	3	gove rise to immediate cause (a), stating the	}		-			3 10			
		underlying couse last	DUE TO, OR AS A CONSEC	QUENCE OF							
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	ERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHI	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF Y	ES, WERE FI	NDIN	GS LISED
$\supset$	FFC	al A					YES TO NOW	IN CERT	IFYING CAL		OF DEATH?
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7	11 01	OR CONTRIBUTING CAUSE OF DEA	1 110115 1111 11011511	DAY YEAR		JON OCCORN	ED (ENTER NATURE OF IN)	KT IN HEM 16	PARTIORPAR	1 2}	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	1011 1 O C 1 T 10	241					
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		AT WORK				0.0					
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		sow the deceased plive on above, (1) (we) (did) (did not		2 <u>0 5</u> 2, or	nd that in (my)	(aur) apinion d	leath occurred an the a	ate and ha	our and from	the c	ouses stated
		22b. SIGNATURE			DEGREE			CONT.	22c. D	ATES	IGNED
		Conny 1	west /3			PHYSICIAN [	MEDICAL STA		1 4	4/1	5/82
		224 PHYSICIAN'S NAME ITYPE OF		V-LINT	22e ADDRES	S	9		3 444	1	1
		CARMEN E	. ENECIO	no	50	athers	mds.	May	o Ca	tel	-
		BURIAL, CREMATION, REMOVAL		NAME OF C			23d. LOCATION		a Olivie		61.15
		Cremation	17Apr82	Cedar	Hill (	Cremat	ory Suit	land	PG		Md

DHMH · 16 50M 1/81 (VRA 15, 4)

BP

FOR - STATE

24 FUNERAL DIRECTOR
Robert E. Wilhelm Funeral PREHOME
Suitland, Md. 250 DATE REC'D. BY REGISTRAR' 255 REGISTRAR'S SIGNATURE
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APR 2 2 1982

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TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 21201	A	CTUAL	Virgi	ma	20	olan		A	,	stant	MEDI	CAL EXAM	AINER		DATE	0	4-20	-82
MERAL DIRI		(AMINER'S N								20					SIGNED			
AFTER BALTIN	(T	YPE OR PRIN	1)		inia L				ADDRESS_			Penin	Str	eet				
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	١,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE Q 2	0 7 3 6
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0,00
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 25 HOUR
1		MARTH	IA H	LE NEAVE	04 13	82 6:10 A
例)	3. SE <b>F</b>	emale	White	Jan. 1, 1923	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
-	7a. 8	RTHPLACE (SLATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	Jan. 1, 1923	9 BALTIMORE CITY OR COUNTY	DEDCATH
56		aryland	USA	MARRIED ANEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES	
politica 74		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGES (	NG HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOmeMaker	126. KIND OF BUSINESS OR
100	USU.		OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13e STREET ADDRESS	
15	M		Geo Greenbe		1A Plateau Pl	ace
E	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N.		LAST
305		Harry	Clopper			ller
dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	DRITYNO. 17 INFORMANT Hu	s band ADDRESS	
E		No.	577 26	5215 Frederick	Le Neave Sam	e as #13
other troumotic event		PART I. DEATH WAS CAUSE	by one couse per line for (a), (b), on D BY:  E CAUSE (a)  DUE TO, OR AS A CONSEOUI  DUE TO, OR AS A CONSEOUI	tetre come	er to try	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  LUCO TA-F
injury. or	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
Shows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFYI	WERE FINDINGS USED ING CAUSES OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR  19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
rked or	MEDICAL	WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 із то	Ť,	27a 1 certify that (I) (this hospit sow the deceased alive an above (I) that I did it did no	of attended the deceased from		death occurred on the date and hour	
E	11.1			DEGREE		22¢ DATE SIGNED
ZT: # #em	1	Legue	e an		DIRECTOR PHYSICIAN	April 13x Re
IMPORTANT: If them		THE PHYSICIANS MAKE ITHE O	eemand m	22e ADDRESS	STAFF DIRECTOR   PHYSICIAN    rway, Greenbelt	April 13x Pic

A DI IS SI TI HO CHEMETLY HERINGE GEORGES GENERAL HOSPITTAL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month MICHAEL 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF HNDER I YEAR lost birthday) MONTHS I OAYS HOHPS MAY 3, 1889 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) **IRELAND** U.S.A. WIDOWEKK PRINCE GEORGES DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 HYATTSVILLE 13o. USUAL RESIDENCE (Where deceosed lived institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES ... CKSON HGTS 84TH STREET 4. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Lost THOMAS LENNON MARGARET 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 1617 DEBORAH DR SON (Yes, no, or unknown) (If yes give war or dates of service) POTOMAC, MD. 20854 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove IN ARTERIOS FRONS CARDIO RENALVAS. DIS rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) EROSISWITH UERTIGO ISCHEMIA -OSTED ARTHEITIS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO DE 21o. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this haspital) attended the deceased fram from the deceased alive on 1988, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated obove. (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SLONED ATTENDING AM DEGREE DIRECTOR . PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) (County) CALVARY CEMETERY **OUEENS** N.Y. 5/1/82 LONG ISLAND 24. PUNERAL DIRECTOR FRANCIS J. COLLINS ADDRESS REC'D BY REGISTRAR DHMH-16 1/71 30M 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 (VR A15 (4))

STATE OF MARYLAND

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1/4	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2   REG. NO.	0 7 3 8
	PE OR PRINT)  FIRST  CLAIRE	PATRICIA	LILLY		01 82 7:15 P
3. S		RACE WHITE	5. DATE OF BIRTH MONTH 30, DAY 1929		IF UNDER LYEAR IF UNDER 24 HRS
\$7 W	ashington D.C.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	OF DEATH COUNTY
74	CHEVERLY	PRINCE GEORGE'S	SPINOSPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Operator	12b. KIND OF BUSINESS OR Telephone Co.
50	JAL RESIDENCE HE NURSING NOT CONTINUE STATE  Maryland  Arund		13d. INSIDE CITY LIMITS? YES X NO	7733 Telegraph	Road
20	William	Primrose	IS. MOTHER'S MAIDEN NA	MIDDLE	Barstow
2 160	(YES, GIVE WAS DECEASED EVER IN U.S. ARMET			111 Hyattsville,	
njury, or other traumotic	Conditions, if any, which gove rise to immediate cause (01, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  NOTIONS CONTRIBUTING TO DI	Asdo hant.		A my
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		WERE FINDINGS USED //ING CAUSES OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK	216, TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	OUNTY STATE
I: If them 21 is mo	220.1 certify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did not) vii 226. SIGNATURE	4-1- 108	, ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	death occurred on the date and hour	9 we) lost ond from the couses stated 22c, DATE SIGNED
MPORTAN	22d. PHYSICIAN'S NAME (TYPE OR PRI	NT)		ort mend Pul.	

BP. DHMH - 16 50M 1/81 (VRA 15, 4) Burial

230 BURIAL, CREMATION, REMOVAL

"Francis (Masch's Sons Funeral Home, P.A. Hyattsville, Maryland

23b. DATE

4/5/82

23c NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery 23d LOCATION
Brentwood Maryland P . GNIY PR 5 1988 REGISTRAR 256. REGISTRAR'S (GHATURE)

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STATE OF MARYLAND

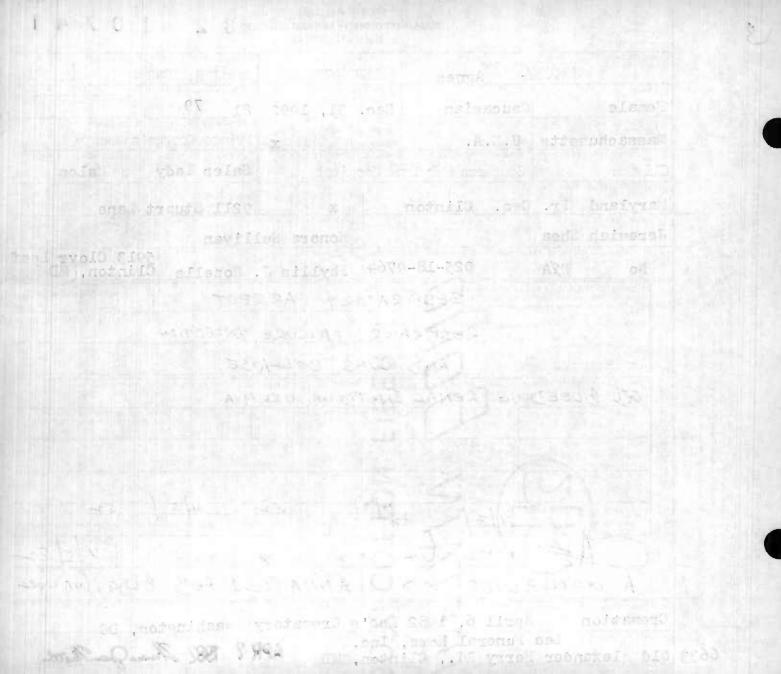
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR MIDDLE . DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Lerov Jr. DEATH MATED April Logan. 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY PRONOUNCED 2, AND 3 TO THE FUNERAL DIRECTAIN PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 IL PECORDS, 201 W. PRESTON IN 1082 Male DEAD 21. Black July 18,1942 48 M 39YRS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Ga. Prince George's WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Forestville Walters 103 NONE UNEMPLOYED USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Forestville OF WITAL REC YES X 3223 Walters In. # 103 NO [] 14. FATHER'S NAME 5 MOTHER'S MAIDEN NAME ITEM 18. GIVE PAGES 1, LONG WITH FORM PM. PERMIT, PAGES 1 AND 3 MIDDLE LOGAN ABBIE EROY 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION (IF YES, GIVE WAR OR DATES) Mary Logan - 5262 MARLBORO PKE #103 577-56-0950 1959 - 1962 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Seizure Disorder IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.00 CERTIFICATION Ethylism 19n. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, TO MEDICAL EXAMINER: THIS CERTIFICATE SHOEVED EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIS TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY X X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Notural couses Homicide death resulted from: TITLE (SPECIFY) 4/21/82 MEDICAL EXAMINER EXAMINER'S NAME AUgusto P. Rodriguez. 5009 Rayburn Court, Temple Hills, Md. TYPE OR PRINT BURIAL CREMATION, REMOVAL 236 DATE 23d. LOCATION 4/24/82 STATE HARMONY MEM. HIGHLAND PARK BP 24. FUNERAL DIRECTOR TO THE STORY REGISTRAN **DHMH-17** H.S. WASHINGTON & SONS 4925 BURROUGHS AVE. N. E. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND				
EPARTMENT OF HEALTH AND MENTAL HYGIENE	2	0	1	
CERTIFICATE OF DEATH	_	100		

Compared	86	1	- STATE REGISTRAR	DET ANTI	CERTIFICATE OF DEATH	REG. NO.	0 / 1 1
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Female  Caucasian  Dec. 31, 1902  As BIRITHPLACE (STATE ADDRESS)  AS CONTROL OF THE PROPERTY OF COUNTY OF BEATH  Massachusetts  U.S.A.  MARRED   NEVER MARRED   Prince (STATE COUNTY OF BEATH  Prince (STATE COUNTY OF COUNTY OF BEATH  Prince (STATE COUNTY OF COUNTY OF BEATH  CLINTON			JOHANN	A Agnes	LUNDQUIST	April 5, 1982	2:12 A <sub>M</sub>
BEITHPRICE   STATE OF ORDER   DEC.   DEC.   NEVER MARRED   NEVER		-					
MASSAchusetts   U.S.A.   MASRED   Never MARRED   Prince George's County   Massachusetts   U.S.A.   MASSAchusetts   Never Marred   Never Mar	)				Dec. 31, 1902	YRS	
The City or town of Death  It. NAME OF PROSPITAL, NURSING HOME OR OTHER INSTITUTION  SOUTHERN MARY JAING  SOUTHERN MARY JAING  SOUTHERN MARY JAING  SOUTHERN MARY JAING  Pr. Geo.  Clinton  PS. STEES Laddy  Sales	19		COUNTRY)				
Clinton  Southern Maryland lospital  Sales Lagrand  Pr. Geo. Clinton  Maryland Pr. Geo. Clinton  Maryl	500						MID.
13.5 TATE   13.5 COUNTY   13.6 STREET ADDRESS   13.5 TATE   13.5	84	C1	inton	Southern Maryla	nd Hospital		
Jeremiah Shea  Honora Sullivan  ADDRESS 5913 Clove Le Phyllis J. Rozelle Clinton, MD  18 CAUSE OF DEATH Enter only one couse per line for 19 10 - 3nd (C)  MAN OPEN AND COUNTY OF WARD COATS)  18 CAUSE OF DEATH Enter only one couse per line for 19 10 - 3nd (C)  MAN OPEN AND COATS  MAN OPEN AND COATS  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (3), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF Underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  TO DEED ING RENAL SHUTD ON UPEN IN 19 DATE OF OPERATION  19 DATE OF OPERATION  19 DATE OF OPERATION  19 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  TO DEED ING RENAL SHUTD ON UPEN IN 19 CONDITION FOR WHICH OPERATION WAS PERFORMED  19 DATE OF OPERATION  10 DATE OF OPERATION  11 THOO TOWN  12 DATE OF OPERATION  12 DATE OF OPERATION  13 DATE OF OPERATION  14 DATE OF OPERATION  15 DATE OF OPERATION  16 DATE OF OPERATION  17 DATE OF OPERATION  18 DATE OF OPERATION  19 DATE OF OPERATION  19 DATE OF OPERATION  19 DATE OF OPERATION  19 DATE OF OPERATION  21 DATE OF OPERATION  22 DATE OF OPERATION  23 DATE OF OPERATION  24 DATE OF OPERATION  25 DATE OF OPERATION  26 DATE OF OPERATION  27 DATE OF OPERATION  28 DATE OF OPERATION  29 DATE OF OPERATION  20 DATE OF OPERATION  20 DATE OF OPERATION  21 DATE OF OPERATION  21 DATE OF OPERATION  22 DATE OF OPERATION  23 DATE OF OPERATION  24 DATE OF OPERATION  25 DATE OF OPERATION  26 DATE OF OPERATION  27 DATE OF OPERATION  28 DATE OF OPERATION  29 DATE OF OPERATION  20 DATE OF OPERATION  20 DATE OF OPERATION  21 DATE OF OPERATION  21 DATE OF OPERATION  22 DATE OF OPERATION  23 DATE OF OPERATION  24 DATE OF OPERATION  25 DATE OF OPERATION  26 DATE OF OPERATION  27 DATE OF OPERATION  28 DATE OF OPERATION  29 DATE OF OPERATIO	35	Ma Ma	aryland Pr.	NTY 13c CITY OR TOWN	YES X NO [	9211 Stuart I	Lane
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 187 OND UNANDWN   N/A COVE WAS CREATED   180 OND UNANDWN   N/A COVE WAS CRE	1/2			MIDDLE	EIDCT	MIDDLE	LAST
TO NO	2100			MED SORCESS THE SOCIAL SECTION			
DUE TO, OR AS A CONSEQUENCE OF CONDITION, If only, which or immediate COUSE (a), stoting the Underlying couse lost.  (b) RESTRATORY FAILURE INFECTION  DUE TO, OR AS A CONSEQUENCE OF COUSE (a), stoting the Underlying couse lost.  (c) AND LUNG COLLABSE  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to COLLABSE  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to COLLABSE  PART 2 DTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE OF OPERATION  194 DATE OF OPERATION  195 DATE OF OPERATION  196 DATE OF OPERATION  197 DATE OF OPERATION  197 DATE OF OPERATION  197 DATE OF OPERAT	e medic		NO NZA	025-18-9	20/1	591	inton, MD
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DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID  GLOBAL SHATTOWN UREMIA  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING  (a)  216. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  (a) ETHER NOTHY MEDICAL EXAMINER)  216. INJURY OCCURRED  216. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)  217. LOCATION  218. TO NO WHILE  219. LOCATION  STREET  219. LOCATION  CITY OR FOWN  COUNTY  STATE  219. STGNATURE  220. DATE (1982), who (1) (this hospital) ottended the deceosed from JODING (1) (wa) (did) (did not) view the body ofter death)  DEGREE  220. DATE STORM  221. ACTIONN'S NAME (TYPE OR PRINT)  222. DATE SIGNATURE  223. DATE STORM  224. DATE STORM  225. DATE STORM  226. DATE STORM  227. DATE STORM  228. DATE STORM  229. DATE STORM  220. D			700/	DUE TO, OR AS A CONSEQUE	NCE OF LAW UP E	TNEFCTION	
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OR CONTRIBUTING CAUSE OF BEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY OCCURRE			PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D			EN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on dave, (I) (wa) (did) (did not) view the body after death  DEGREE  ATTENDING  ATT		ION	GI BLEED			MIA	
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22a. I certify that (I) (this hospital) attended the deceased from 27 1982 to 413 1982, that (I) (we) I saw the deceased alive on above, (I) (wa) (did) (did not) view the body after death 22D-STGNATURE)  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI	1	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
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sow the deceased alive an			AT WORK AT WORK	15 - 11 - 1 - 1 - 1 - 1	23/7/	- 1151	P2-
Obove, (1) (wa) (did) (did not) view the body after death  220-SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH			saw the deceased alive on	4/3/ 108	2 ond that in (my) (our) opinion	death accurred on the date and how	, 11101 (11 (400)1031
ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  A. GONSALVES MD 226 ADDRESS  ANNA-POLIS FED BLOG, WALVER  236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION			abave, (1) (wg) (did) (did no	t) view the body after death		The state of the state of the floor	
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23g BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION			220 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	- 0	
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_ Cremation April 6, 1982 Lee's Crematory Washington Do	<u> </u>	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c N			COUNTY
	- 13			April 6, 1982	Lee's Cremator	y Washington	DC.
APR 7 1982	31		NAME Lee	Funeral Home	Inc. 25a DAT		RAR'S SIGNATURE
33 Old Alexander Ferry Rd., Clinton, MD APR 1 1982	23	UJ	a Alexander	rerry Rd., Cl	inton, MD	11 0 1302 produces	year May Olan



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTI Joseph ALVIN MACEK 9.302 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) MONTH 64 117 White Male BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED ITTSBURG USA WIDOWED DIVORCED Prince Georges County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carpenter INDUSTRY Construction BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NO Southern Maryland Hospital Idlewood Park 30 STATE Daldorf 13d INSIDE CITY LIMITS? Maryland Charles 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Joseph Catherine Dolence Macek 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 211-01-9588 Helen A. Macek same as 13 Yes الالا APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH : Enter only one cause per fine for (a), (b), and (c) PART I, DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF METASTASIS BRAIN Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the 3 CARCINOMA OF LUNG. underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 90 (IF EITHER NOTIFY MEDICAL EXAMINER) DIVISION 216 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION EITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from\_ 4/24 1982 saw the deceased alive an ... and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED woh MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) IMPORT, FT. WASHINGTON RD, MD V. AN MAN GANDLA 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION SPECIFY) STATE Cremation 4-25-82 BP Crematory App Washington P.C. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Huntt Funeral Home, Waldorf, Maryland

STATE OF MARYLAND

nollousianol teinectei Carcenter Constantion Hereland Charles Walderf x. Interned Hork Joneph Recek Johnstone Dolence Yes the II will-01-9588 Helen . Mapek mome ne 13 ALL AND ALL AN Loremetion 6-25-62 tee Gremetexy to techinology, D.C. Langt funeral name, seldor, soruland

7	1-	STATE REGISTRAR		M	EDICAL EXA	MINER'S	CERTIFIC	ATE OF	DEATH 2	REG. NO.	0	14	3
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A CITE	3. SEX	4 RA		5. DATE OF BIRT	H 6. AGE	IN YEARS IF L	INDER 1 YR.	IF UNDER 24		M		DAY YEAR	2d. HOUR
ECONO.	Ma	le Wh	ite	April 24		5 YRS.	THS DAYS	HOURS /	PRONOUN DEAD	April	18,	19 82	2:200
通過的人	70. BI	THPLACE (STATE OR		76. CITIZEN OF	WHAT COUNTRY?		RIED   NEV	(50 11 100)50	9 BAITIM	ORE CITY OR C			
HIZOSE !		talv		II S	.A.		MED WEA	DIVORCED		ce Georg	els (	County	
조류 파임 - 4 4		Y OR TOWN OF DE	ATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OT			20. USUAL OCCU	PATION (TYPE OF V		KIND OF BU	ISINESS
DELAY IS 3 TO THE IN PAGE 0 BE FILED RDS, 301	H	yattsvill	e	8020 14	th Avenue	#101			For Most of Wor	RKING LIFE)	H	orindusti	
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MORE TER DE PAGE FORM ON OF	16a. W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORM	ANT		ADDRESS	GT. a.	Silve	34
	(YE	s, no, or unknown)	(IF YES, GIVE W	AR OR DATES)	209-26-	21,56	Toon	Hogam	ann/1150	E Cilan	C+	Sprin	
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WII		gove rise to couse (o) statin		(b)	OR AS A CONSEQUE	NCF OF							
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FOR STEELS OF STEELS OF STEELS		220. I certify that	I took charge	af the remains d	escribed obave, held	on Auto	psy .	Inspection	X, Inquiry	X, and in	my opinio	n	
A THE TOTAL		death resulted from	m: A Naturo	l couses X,	Accident,	Suicide	, Homicio	de 🔲 :	Undetermined mo	onner ,		SC. IN	
XAA EERT JILD JIRE WIT ARYL			1	. 4 V	N.	/	TITLE (SP	ECIFY)					
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DIC TE T TE T NEX NORE	100	EXAMINER'S NAME	//		/ //	0							
A CONTRACTOR	-	(TYPE OR PRINT)	Mr. Au	gusto P.	Rodrigue	z, MD.	ADDRESS_5	009 ]	Rayburn (	Ct. Temp	le H	ills,	Md
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213	230.BL	RIAL, CREMATION,	REMOVAL 231	. DATE	23c. NAME C	F CEMETERY	OR CREMATOR	RY	23d. LOCATION		COUNTY	51	ATE
BP		Burial	A	pr/21/82	Gate	of Hear	ven Cem	netery	Silver	Spring,	Mont	. Co	Md.
DHMH - 17		NERAL DIRECTOR		ADDRE	SS		2	50. DATE REC	C'D, BY REGISTRA	R 25b. REGISTRA	AR'S SIGN	IATURE	4
(VR A15 ME (5)) 15M 7/77	Ch	ambers Fu	neral H	Iome Si	lver Spri	ng, Ma:	ryland	PR 2	2 1982	Jame of	den/1	200	

STATE OF MARYLAND

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST EIRS1 MIDDLE 78 DATE OF DEATH TYPE OF PRINT 82 9:50 WALTER MAGRUDER 04 30 3. SEX A PACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HUS Male 06€. 27. DAY 1922 AR White 59 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington D.C. U.S.A. PRINCE GEORGE'S COUNTY DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IC IS NOCCUPATION Corserpuante or GEORGE'S CHEVERLY GENERAL HOSPITAL Accountant Gruman Co. Cheverly CITY OR TOWN 13d. INSIDE CITY LIMITS? 6120 Montrose Road Prince Geo. Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clifford Magruder Annabell Kettner ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 577 38 0494 Same as #13 Helen M. Magruder (Wife) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY It HOW INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC. CITY OR TOWN NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an, and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated abave (4) (we) (did) (did nat) view the bady after death DEGREE THE DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRES Lowers , Cheverly, Md. 23e. BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY OR CREMATORY Cremation 5/3/82 Brentwood P.G. Ft. Lincoln Crematory

Maryland

DHMH - 16 50M 1/B1

(VRA 15. 4)

Trancis Gasch's Sons Funeral Home, P.A.

Hyattsville, Maryland

Mental Hygi

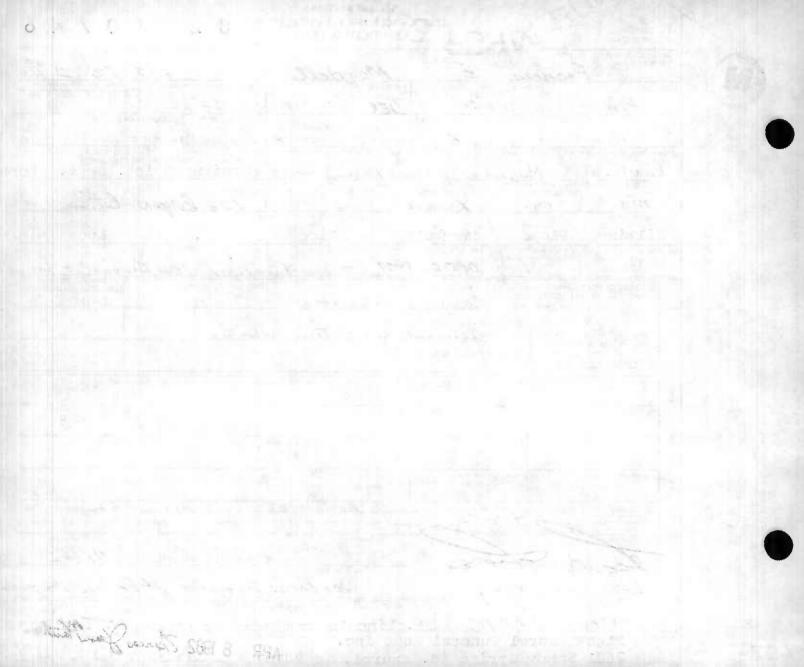
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	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, Page 4 may be need by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral divided and detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 73 hours after dea
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9	9 6
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	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	•	10745
e & &		EASED NAME FIRST	zabeth (None)	A WHILE	EAST	REG. NO.	DAY YEAR 26 HOUR
softer death	3. SE)		zabeth (None)  A RACE White	5 DATE	AIATICO OF BIRTH OF 9, 1896	April 14, 1987 6. AGE IN YEARS LAST BIRTHDAY) 86	FUNDER 1 YEAR FUNDER 24 HRS
funeral distributions of or once.		RTHPLACE (STATE OR FOREIGN-	76 CITIZEN OF WHAT COUN	MARRII WIDOW	ED NEVER MARRIED DIVORCED [	9 BALTIMORE CITY OR COU	NTY OF DEATH
by the I filed with notified	L	anham	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Doctors Hosp	ital of	Pr. Geo. Co	TYPE OF WORK FOR MOST OF WORKIN	TZE KIND OF BUSINESS OR
ely filled in should be nerfmust be	Ma Ma	ryland Pri	ROTHER INSTITUTION GIVE RESIDENCE INTY  INCE Geo Hyatte	TOWN Sville	13d. INSIDE CITY LIMITS?	3403 Roseman	ry Lane
and 2	14. FA	Joseph	MIDDLE IZZO	51	Lucia	DDLE	DiBianco
on and co		AS DECEASED EVER IN U.S. A ES NOR UNKNOWN) (IF YES, G	IVE WAR OR DATES	SECURITY NO. 4 5650	17. INFORMANT Theresa Pear	son Same as #13	3 (Daughter)
ow requires that the death ce been signed by the attending mit. Then please remove corbinite to buriol, cremation, arround injury, or other traumatic.	ATION	Conditions, if any, which gave rise to immediate cause ial, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS CONS	y We	lution	RMINAL DISEASE OR CONDITION  1200 AUTOPSY? 1206. IF	GIVEN IN PART I TO
HYSICIAN: The Inding physician.  Its certificate has burial-transit pee I Mental Hygiene ar Hem 18 shows	MEDICAL CERTIFICATION	3-24/82  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTETY MEDICAL EXAMINA 216 INJURY OCCURRED	HOUR A.M. MONTH	19	esterbion of a	YES NO IN CE	RTIFYING CAUSES OF DEATH? YES NO NO
NDING Selection of the control of th	W	saw the deceased alive a	pital) attended the deceased f	ram	4 , 198	2 , to 4 or 4 on death occurred on the date and	, 19 <b>3</b> , that (I) (we) lost
HOSPITAL Or med by the FUNERAL D ould be detocill the State D ooRTANT: If I		TTO PHYSICIAN'S HAME (TYPE CIRO A. MON'			ATTENDING PHYSICIAN 22e ADDRESS		
BP	Ė	urial, cremation, remova urial	4/17/82	Ft. Li	ncoln Cemete	ry Brentwood	P.G. Maryland
DHMH - 16 50M 1/B1 (VRA 15, 4)		yattsville, Ma	Sons Funeral ADD	RESS P		PR 1 6 1982	SISTRAPORTOR TO

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## STATE OF MARYLAND

	FOR STATE REGISTRAR		DEP	ARTMENT OF E	ICATE OF DI		IENE 8 2	0.	U	/	4	/
	1. DECEASED NAME (TYPE OR PRINT)	Dorothy	M.	Manu	el		20 DATE OF DEATH	pr.	DAY 07	198	26 HOUR 2 4:2	
	3. SEX		White	5. DATE O		YEAR 05	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	# UNDER ?	24 HRS MIN.
13.0	To BIRTHPLACE (STATE O COUNTRY)  Virginia		U.S.A.	MARRIE		ORCED [	9 BALTIMORE CITY C	Geo	rge			MD
-	Laurel	Gre	NAME OF HOSPITAL, NI FROT IN SUCHFACILITY, GIVE eater Laure	STREET ADDRESS)  1 Beltsv			12g USUAL OCCUPATION OF COMMENT OF WORK FOR MOST OF Ret Claim	F WORKING	LIFE) IND	USTRY	S.G.	SSOR
1	Maryland	136 COUNTY P.G.	13c CITY OR		Care	NO 🗍	13e STREET ADDRESS 11210 01d	Balt	imor	e Pi	ke	
0	14 FATHER'S NAME FIRST	MIDDU	Ashi		15. MOTHER'S	RST	WIDDLE			elly	7	
	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED	OR DATES)	SECURITY NO. 2-6077	Theodor		ittle Hya	ss 681 ttsvi				riv
		WAS CAUSED BY- IMMEDIATE CA  y, which nmediate ing the	USE (a) Wy DUE TO, OR AS A CONS	cardi al	infar	ction			. 8	APPROXIMETWEEN O	MATE INTERV	EATH
		ic obs	tructive,	lung al	isiase		INAL DISEASE OR CON	DITION G	IVEN IN F	ART No		
	THE DATE OF OPER.	ATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERT			GS USED OF DEATH	H?
-	OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJI	URY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)		
	WHILE NOT WAT WORK AT WORK	AHITE []	THE PLACE OF INJURY (AT HOME STREET, FACTORY OF	FFICE FARM, ETC.)	211 LOCATION	٧	CITY OR TO	WN	COL	NIA	517	ATE

TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Mental Hygiene prior to burial. BP

marked or Hem 18 shows any

MPORTANT: If Hem 21 is

SIGNATUR

(this hospital) attended the decrosed from

DEGREE

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

(bur) opinion death occurred on the date and hour and from the causes stated

22e. ADDRESS MGL8HNE 321 Pr. Geo. St. Laurel, Md.

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 4-10-82 234 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 23d. LOCATION CITY OF TOWN

Brentwood

P.G.

DHMH - 16 50M 1/81 (VRA 15, 4)

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

6 . 0 cinication Emmission of the state of the s off comittee the oleli x giffretir "gafyag" -Folim ni TO TOT Daisa trodit Self Standich rive 210-42-1077 Theodore . Tittle Trattsville, Md. The state of the state of the state of 70] Tr. 100. St. Laurel, 11. Berial (-10-02 Fi. Lincoln Countery Prontuned .1. Countyland r. Comeste Sons P.H. P.A. Tyatlaville, Nd.

PARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWNXX 4-24-82 (TYPE OR PRINT) ESTI-MARSHALL JOHN Raumond DEATH MATED SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 3/27/65 LAST BIRTHDAY) 4-24-82 PRONOUNCED white male DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Annapolis, Md. USA WIDOWED DIVORCED Prince George's County ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK IT NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY USUAL RESIDENCE JIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13. STATE

Md.

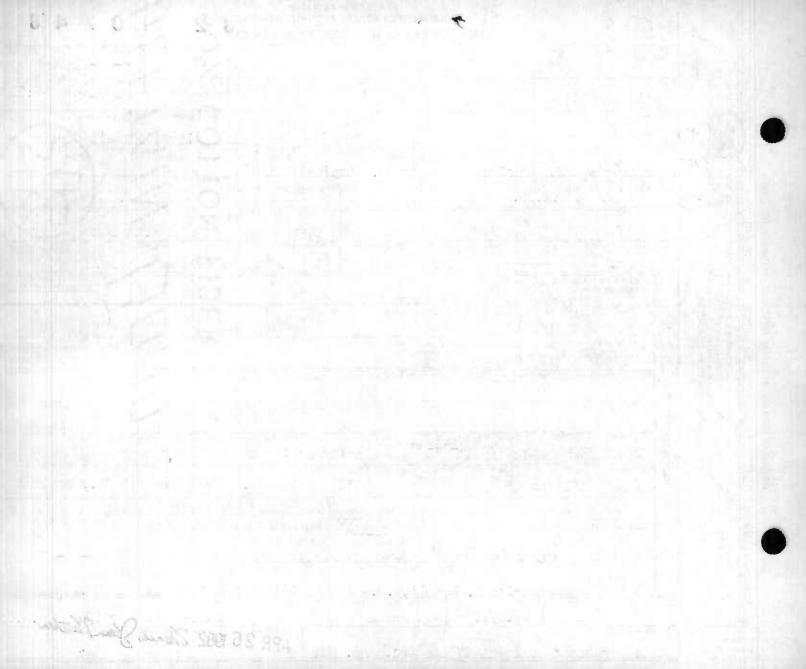
13. CITY OR TOWN

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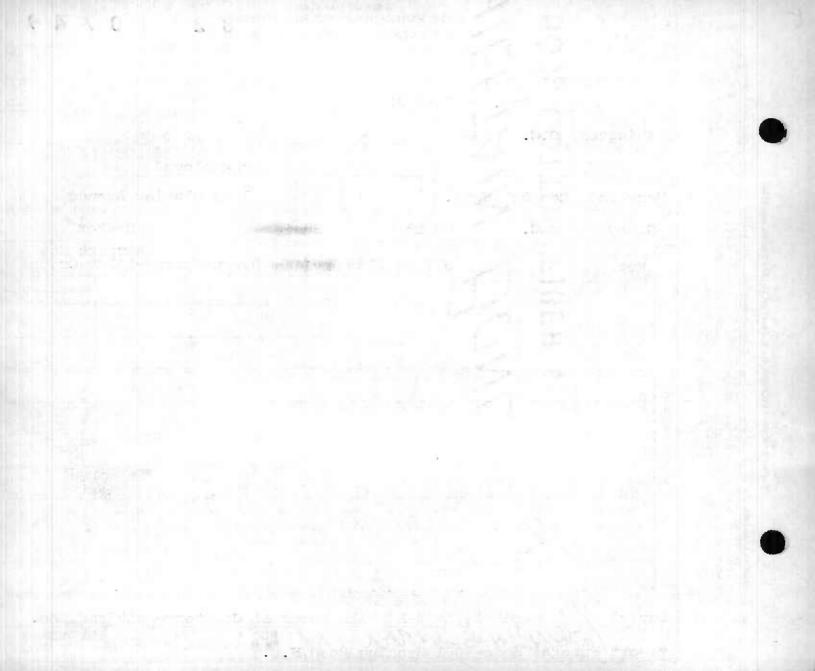
13. CITY OR TOWN FOR MOST OF WORKING LIFE) MOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hospital Student 130. STREET ADDRESS 633 Deale Rd. 13d. INSIDE CITY LIMITS? NOX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRS1 Laughlin Marshall Joan Elizabeth Green Robert TED. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 217-94-7224 Joan E. Marshall same as 13e. no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, a any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 10 CERTIFICATION USED A E 3 SHOULD BE USED A DEPARTMENT OF HE 31 PRIOR TO BURIAL, C 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 210 EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 2 Tc. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 WARDED TO THE PAGE 3 SHOULD HOUR A.MA MONTH OVEY UNDERLYING XXOR self/inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) "Anhe" Arundel Co. Maryland 6336 Deale Rd. WHILE AT WORK PACE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian . Suicide XX death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) SIGNED 4-25-82 P DEATH. SIGNATURE EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) ADDRESS. 23d LOCATION 230. BURIAL, CREMATION, REMOVAL St James 4/28/82 Lothian Burial APR 26 1982 PARTS REGISTRATED REGISTRATED PROPERTY OF THE PROP BP 24 FUNERAL DIRECTOR **DHMH-17** Hardesty Funeral Home 12 Ridgely Ave. Ann. Md (VR A15 ME (5)

15M 2/80

STATE OF MARYLAND



6			FOR STATE REGISTRAR	U.			EPARTMENT O	FHEAL		NENT AL H			REG. I	1 0	7	4	9
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	AND SO A	Wa	shingt	on, D.		USA		WIDO	WED -	DIVORC	ED 🗆	Pri	nce G	eorge	Co	unty	MD.
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ORE, MD	THE SALL		George	. (	MIDGLE		Martin		Su	Sie	EN NAME	М	IDDLÊ	Hes			
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W. PRESTON ST., BALTIMORE, MD. 21201	1 24 HOUR 1 ITEM 18.0 ALONG WI T PERMIT. 1 YGIENE, DI OVAL.		18. CAUSE OF PART I DE	ATH WAS CAUSE	D BY: TE C AUSE (a	2)	or (a), (b), and (c).)  Multiple AS A CONSEQUENCE		ries						BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
S, 201 W. PRE	EXECUTED WITHIN 24 HOUR ING." IN PENCIL IN ITEM 18. ICAL EXAMINER ALONG WAS BURAL - TRANSIT PERMIT. HAND MENTAL HYGIENE, DAND MATION, OR REMOVAL.	-	gove ris cause (a) lying caus		DUE (c	:)	is a consequenc										
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/ITAL R	SHOULD SHOULD CHIEF A E USED.	CERTIFICATION	190. DATE OF	OPERATION	19b_	CONDITIO	ON FOR WHICH OP	ERATION	WAS PERFO	RMED?				7,		AUTOPSY?	NO 🗆
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DIVISION OF VITAL RECORDS, 201	FIRE THIS CERTIFICATE SHOULD CATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF A DR. PAGE 3 SHOULD BE USED. ND. 21201 PRIOR TO BURIAL, ON. 21201 PRIOR TO BU	MEDICAL	CONTRIBUTING 21d. INJURY O WHILE AT WORK	G CAUSE OF	DEATH 9:	40PM PLACE OF PREET, FACTO		82 pe	edestrion OCATION STREET OOB 1k L			CITY OR TOV	VN	cd	Mary	land	STATE MI
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 21		22a. I certif	y that I taok chorg	e of the rem	oins descr	ibed abave, held an		эрзу 💢	Inspection	n .	Inquiry ermined mo	□.	ind in my a		10000	000,111
	ETHE CER SHOULD ERAL DIR EATH, WI DRE, MAR		ACTUAL SIGNATURE_	SI	0	U	and I		M.D. AS	specify) sistan	t MED	ICAL EXAM	INER	DATE SIGNI	ED	4/9/8	2
	TO MEE SECUTION PAGE 4 FO FUN AFTER D	177. 17	EXAMINER'S N ITYPE OR PRIN URIAL CREMA	2/		z R.	Guard, M.		_ADDRESS_			Stre	et.Ba	Ito.M	1D 2	1201	
	BP	В	urial	TON REMOVAL 7	DATE DATE	14	1982-Li	-			1 Ce	emete	ry-S	uitl	and	Mo	ATE .
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	MAME /	Funera.	Hom	e-40	001 Benn	ing	Road,	N.E.	R1"	9 1982	The state of the s	ISTRA (S	PLONAL		



Donaldson Funeral Home; Laurel, Maryland

STATE OF MARYLAND

26 HOUR

LAST

NO [

STATE

STATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

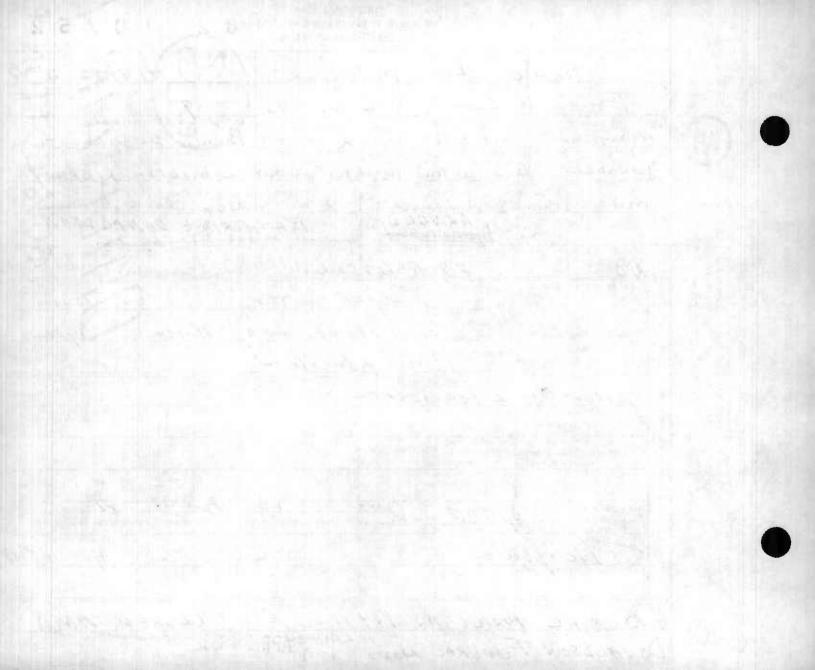
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1. DECEASED NAME KNOWN T MONTH 26 HOUR LITYPE OR PRINTS OF ESTI-FUNERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, Elsie J. McCoy DEATH MATED 22 1982 4 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR 2c. 84 BIRTHOAY) PRONOUNCED 6:46 Female Cauc 21 1897 June DEAD 1982 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ASTATE OR MARRIED NEVER MARRIED Maryland Maryland U.S.A. WIDOWED X DIVORCED Prince George ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
HOUSEWIfe Clinton At Home Southern Maryland Hospital USUAL RESIDENCE, LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS BALTIMORE, MD. 21201 136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4901 Sharon Road Maryland Prince George Temple Hills NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Joseph Jarboe Mary E. Hazel 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 4800 Dalton St. [YES, NO, CO UNKNOWN) 578-50-2510 Ernest McCov Temple Hills. Maryland CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? BE USED 20 AUTOPSY? INGR. THIS CERTIFING THE WORLD INCREMENT OF THE CHIEF FORWARDED TO THE CHIEF FOR 3 SHOULD BE USE THE STATE DEPARTMENT OF THE S YES [] NO A 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING TICAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 X 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 4/23/1982 Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME Augusto P. Rodriguez, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Suftland Burial 4/26/82 Cedar Hill Cemetery Pr. Geo. Marylan BP. 1356. RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 150. DATERS P. BY REGISTRAS 6160 Oxon Hill Rd. **DHMH-17** George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5) 15M 2/80

haryland 0.3.A. - 17 TO OT TE Colingon desired to the property of the coling of the coli ousewife at icre Maryland Prince Coorge Temple Aills x 1901 Staron Road N. Jarboe Mary c. Navel dosab, to rolls. Object treest of the first of the And bester assert a series and a Dirial 1/26/32 Secar Will Cemetery national one or harding . Si IIIE doxo odia George P. Eglas Fureral home Cxon Hill, Md.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Ve Hie 3. SEX 4 RACE & AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAD DAYS Can BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY maryland WIDOWED X DIVORCED OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE Libracian SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS md Prince 2301 44 FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Hyansuille, md Windrew APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY 10 cm IMMEDIATE CAUSE to PRESTON hees I ditea Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying last. cause 0 NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG DIVISION OF VITAL RECORDS, CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL NO [ Sha rial-transit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 20 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from for sol \_\_\_\_, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 72% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deta Au c MPORTANT 224 PHYSICIAN'S NAME THE OF PENT 22e ADDRESS 0 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY. 23d LOCATION 236\_DATE BP DHMH - 16 50M 1/B? (VRA 15, 4)

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 m reformed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in Dy the future should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be 1 led with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the medical examiner must be traited and the same of
DIVISION OF VITAL RECORD	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requesterined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows any init

	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	10	7 8	5 3
be the		CEASED NAME FIRST OR PRINT)	CORA C MILI		AST	April 21,	1982		HOUR B:47 A
ge 4 moy	3. SE	Female	White	5. DATE C	14, DAY 1890 YEAR	6. AGE (IN YEARS LAST BIR	THDAY] IF UND		UNDER 24 HRS
of P		RTHPLACE (STATE OR FOREIGN Pennasylvania	76. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	BALTIMORE CITY O			ZV MD
s offer d		TY OR FOWN OF DEATH	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR  Greater-Beltsv	SING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife	ON 12b		USINESS OR
rthin 24 hour rely filled in 2 should be inefamust be	Mai	AL RESIDENCE (IF NURSING HOME OF TATE TO THE NURSE TO	other institution, give residence ber ity 13c, city or to rd Columb	ORE ADMISSION)		130. STREET ADDRESS 6422 Amhe	rst Ave		
completely I ond 2 sh		te DAniel W Ma			late Annie 1	Baker	56	LAST	
be execusion and constant of the secusion of t	160 V	VAS DECEASED EVER IN U.S. AR (IF YES, GIV	MED FORCES? E WAR OR DATES)	CURITY NO.	Mr N. Philip		22 Amher	st Ave	
equires that the death certifin is signed by the attending ph. Then please remove carbonp into burial, cremation, ar remainly, or other traumotic even	NOI	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEC	OUENCE OF	itic Heart I		DITION GIVEN IN	YEZY:	
N: The law re sysician. cate has been cansit permit. Hygiene prior 18 shaws any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	USED DEATH?
DING PHYSICIAN: To a attending physicial or after this certificate is of the buriol-transition of the and Mentol Hygi marked or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hospit	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211. HOW INJURY OCCURR 211. LOCATION STREET	CITY OR TO	wn cc	DUNTY	STATE
10 HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He MADORTANT: If them 21 is		sow he deceased alive on, aboye, (I) (was did) (did no 22b. SIGNATURE)  12a PRESSICIAN'S NAME (TYPE O	Nr. 2 1 19 1 view the body after death.	52. on	d that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN D  220. ADDRESS		ite and hour and f	from the course DATE SIG	ses stated
BP	23a. E	URIAL, CREMATION, REMOVAL Creamtion			METERY OR CREMATORY W Memorial Pk	Catonsvil		ზ., Mc	1. STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR  ARRY H WITZKE	4112 Columbian	Hlic	ottCity Md AP	R 2 2 1982	25b REGISTRAPS	IGNATUR	aller

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE SQ

	1	REGISTRAR				CERTIF	ICATE OF DEATH	•	REG. NO.	0 /	
		CEASED NAME OR PRINT) Ric	ehard		MIDDLE	MINEF	AST .	20 DATE OF		DAY YEAR	2h HOUR
	3. SE	ale		RACE White		5. DATE C		April 6. AGE (IN YE 57	5, 1982 ARS LAST BIRTHDAY) YRS.	IF UNDER I YEAR	6.470 N IF UNDER 24 ARS HOURS MIN.
1	7a. BI	RTHPLACE (STATE OR FO		U.S.A	WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED		RECITY OR COUNT		MD
ング	J	ITY OR TOWN OF DEAT Lanham		Doctors	H FACILITY, GIVE STREE	T ADDRESS)	Pr. Geo Co	Pharm	ACIST		Store
5	Ma	ryland	13k COLIN		13. CITY OR TOV	wn lle	13d. INSIDE CITY LIMITS? YES MO		Gallatin	Place	
4	14 FA	Harry	٨	AIDDLE	Miner		15. MOTHER'S MAIDEN NA <b>Na om i</b>	Ruth		xwell LAS	şī T
	16a V	YAS DECEASED EVER IN YES OR UNKNOWN)		MED FORCES?	577 28		Joanne Miner	r Same	as #13 (	Wife),	
7	CERTIFICATION	Conditions, if ony, gove rise to imme couse (0), storing underlying couse	which ediate the last.	DUE TO, OF	Fail	JENCE OF CONTRACTOR BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  MUSSIN	MINAL DISEASE	PSY? 20b. IF YE	VEN IN PART 11	NGS USED
7	MEDICAL CER	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE WHILE AT WORK 22a. I certify that (1) (1) sow the deceosed above. (1) (we) (did 22b. SIGNATURE	AUSE OF DEAN ALEXAMINER)  ED  this hospith dolive on addication of	P./ 21e. PLACE C (AT HOME, STR al) attended the	M. MONTH D M. DF INJURY EET, FACTORY OFFICE.	2 8 <b>2</b> . on	216 HOW INJURY OCCUR	deoth occurred	URE OF INJURY IN ITEM 18.	COUNTY  19 22. DATE	STATE that (I) (we) lost couses stated
		22d PHYSICIAN'S NAM	EE		ACER		P.G. Dock	tors	Kospila	l	
		Burial, CREMATION, R	EMOVAL	23b. DATE 4/9/82	2 Z3c M	name of co arylan	emetery or crematory d Nat. Mem Pa	ark La		nce"Geo	orgestate M

DHMH - 16 50M 1/81 (VRA 15, 4)

Hyattsville, Maryland

Laurel

Prince Georges Md.

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n and campletely filled in by the funeral direct Pages 1 and 2 shauld be filed within 72 haurs

^		STATE OF MARYLAND
X	1 FOR	DEPARTMENT OF HEALTH AND MENTAL H
.10	REGISTRAR	CERTIFICATE OF DEATH

YGIENE D

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
Margare	et A.	Minier	April 8, 1982 6:24 a
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	5-23-1902 YEAR	79 YRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	Prince George's
10. CITY OR TOWN OF DEATH Riverdale	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' Leland Memory	ial Hospital	
USUAL RESIDENCE (IF NURSING HOME I 130 STATE 130 COL Pr.	OR OTHER INSTITUTION GIVE RESIDENCE BY 13c. CITY OR 1 Hy.		6700 - Belcrest Rd.
George	MIDDLE LAST Kuh:	FIRST	A. Hamburg
NO  18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAUS IMMEDIA	anly ane cause per line for (a), (b	elev resperation,	ADDRESS 5216-Lorraine D  E. LeBeau Camp Springs, Md  APPROXIMATE INTERVALE  BETWEEN ONSE AND DEATH  MI YOURS
Canditions, if any, which gave rise to immediate cause ia, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  M'Attal W	DUE TO, OR AS A CONSE  (c) ATTACH  CONDITIONS CONTRIBUTING  THE CONTRIBUTING	e Mullay 15)	terminal disease or condition given in part 100
Mi atal he	Situation of	IICH OPERATION WAS PERFORMED	200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	19 211. LOCATION STREET	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE  28 10 9 9 19 8 2 that (1) (we) lost
saw the deceased alive a obave, (I) (we) (did) (did r 22b. SIGNATURE)	an Devre	9 82, and that in (my) (aur) apid	nian death accurred an the date and hour and Iram the causes stated  22c. DATE SIGNED

6525 Belcrest Road, Hyattsville, Md. 20782

Paul DeVore, M. D. 230 BURIAL, CREMATION, REMOVAL (SPECIEV)
Burial

231 NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cem.

23d LOCATION
CITY OR TOWN
Brentwood

Pr. Geo. Md.

24 FUNERAL DIRECTOR

4-10-82 NaITey's Mt. Rainier, Md. F.H. Inc.

23b. DATE

TRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

Item 18 shar

IMPORTANT: If He

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Hyattsville, Maryland

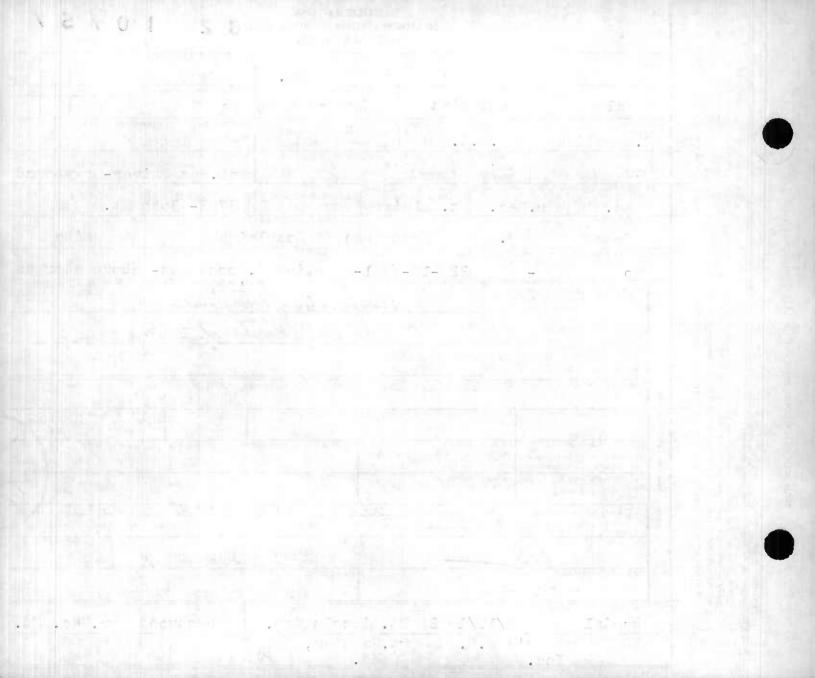
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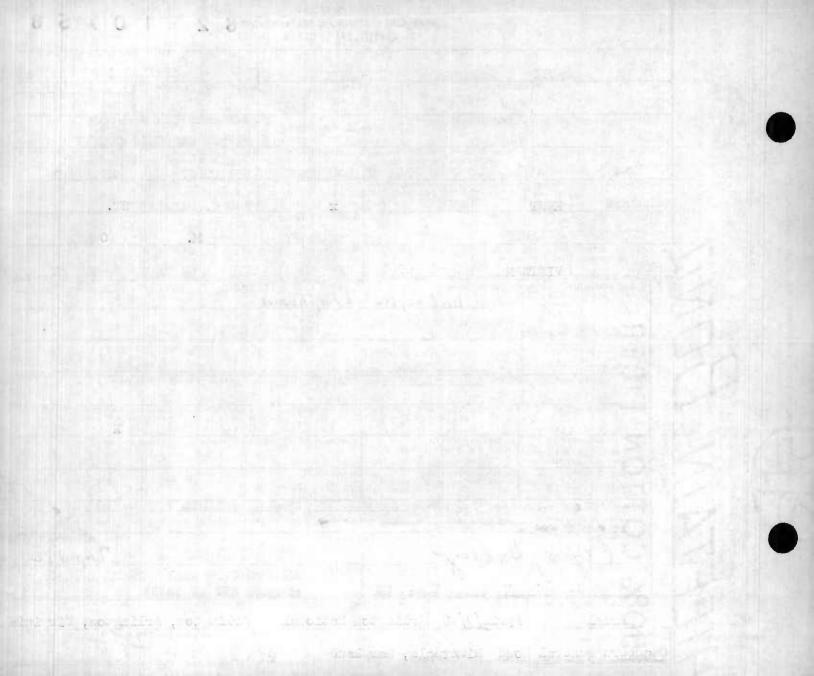
		FOR		STATE OF MARYLAND		107	5 7
(m)	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENDS Z	1 0 /	3 '
AM.		CEASED NAME FIRST	MIDDLE	LAST			2b HOUR
1		John	L,	Mooneyhan Sr.	April	8 1982	3:05 ам
all a	3 SE	Male	Caucasian	5 DATE OF BIRTH April 19 192	6 AGE (IN YEARS LAST BIR	MONTHS DAY	
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notified		ry or town of DEATH verdale	(IF NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION REET ADDRESS)  ial Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ret. Bus	TON 126 KIND INDUSTR' Driver-Gre	of Business or
35	13a S	TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BI JNTY 13c CITY OR T Mt. Rai	OWN 13d INSIDE CITY LIMITS?	13e SIREET ADDRESS	6th St.	
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Pages	16a V	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	E.Mooneyha		address
in please remove carbon paper burial cremation, ar removal. ry, or ather traumatic event, th		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	only one couse per line for (a), (b) SED BY.  ATE CAUSE (o)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	QUENCE OF Chronic Or	fullue orthuchue		1(a)
t permit. The	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	DINGS USED ES OF DEATH? NO
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norked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.)	CITY OR TO	wn county	STATE
A He		sow the deceased alive a	pital) attended the deceased from 3/2 \$/ 1	m 2/22/ , 19 8 9 82 , and that in (my) (our) opinion	on death occurred on the d		e, that (I) (we) last he couses stated
Dept. o		226. SIGNATURE	160	DEGREE ATTENDING	MEDICAL STA	the state of the s	TE SIGNED
NAT: I		22d. PHYSICIAN'S NAME (TYPE	14	PHYSICIAN 220. ADDRESS			-82
should be deta with the State [ IMPORTANT: If		Abraham Dal			sbury Road,	Riverdale,	Md. 20737
od M	23a. E	Burial, cremation, remova Burial	236. DATE 4/10/1982	36. NAME OF CEMETERY OR CREMATOR Ft. Lincoln Com.	y 23d LOCATION	_ CQUNTY ~	
OM 1/76 (4))	24. FI	JNERAL DIRECTORNAL 10	•	Mt. Rainier, 250.0	APR 1 2 1982	256. REGISTRAR'S SIGNA	ATURE

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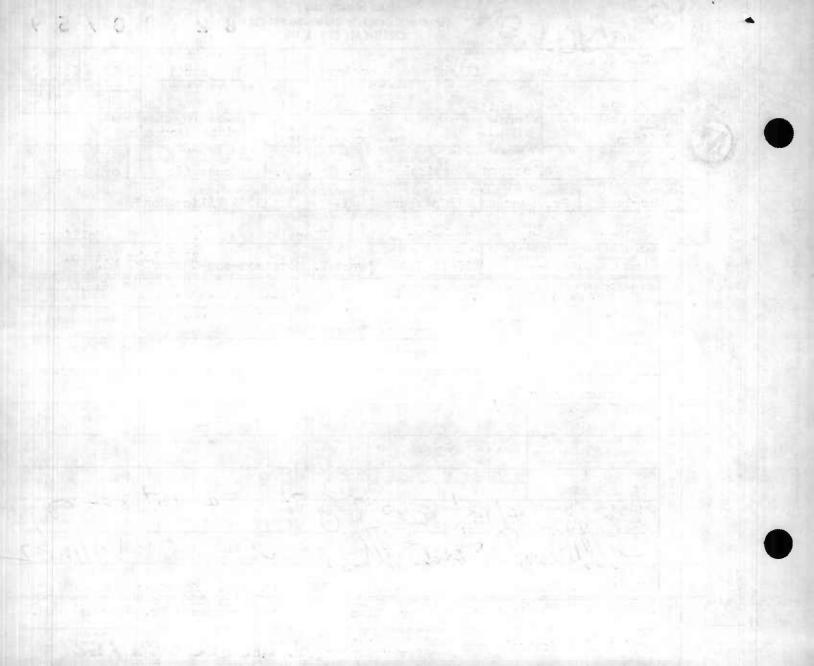
Inc.



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		- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N			
ω <b>ε</b> ·		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
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VAL	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATE	IF UNDER 24 HRS
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B II Vet	OH		USA		WIDOWE		PRINCE GEO		COUNTY	MD
t ke		ITY OR TOWN OF DEATH		OF HOSPITAL, NUR: SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	128 USUAL OCCUPAT		126. KIND O	F BUSINESS OR
1 P		DREWS AFB	MALCO	LM GROW U	JSAF ME	DICAL CENTER	AIR FORCE		MILIT	ARY
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within within day	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAS	
S C and a c			OSEPH	MORRI	S	DOROTHY	M.		HOMME	
Poges I		WAS DECEASED EVER IN U.S.	ARMED FORCES		CURITY NO.	17 INFORMANT	ADDR	ESS		
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deat ove tion,		Conditions, if any, which	( (b).							
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(100, 10, 4)	Ch	ambers Funeral	Home	Riverdal	e, Mary	land	JPR 1 % 1984	1000	-50	



Maryland Pr.	White  White  The CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET I  DOCTORS HOSPITAL OTHER INSTITUTION, GIVE RESIDENCE REFORE	al of Pr. Geo. Co.	REG. NO 20 DATE OF DEATH Apri 6 AGE (INVEARS LAST BRIG. 80 9 BALTIMORE CITY OF Prince Ge 170 USUAL OCCUPATE (INTE OF WORK FOR MOST OF HOUS WILL	ADAY)  YRS.  COUNTY CORRES  ON F WORKING LIFE	1982 FUNDER I YEAR ONTHS OAYS OF DEATH	IF UNDER 24 HE HOURS MIN	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS FREDERICK PHILIP MORTHORST 2:55p APRTT. 13 1982 4 RACE 3. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HPS MALE Oct. 21. 1919 EAR WHITE TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Prince George's WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION Washington ACCOUNTANT Lanham Doctors' Hospital of Pr. Geo. Co Post Co. JSUAL RESIDENCE 13d. INSIDE CITY LIMITS? 13. SUPERI ADDRESS 6321 Jason Street Prince Gee. Cheverly Maryland YES X NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Frederick Wilzs Morthorst Eva 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES NO OR UNKNOWN) 577 16 7332 Dorothy K. Morthorst Same as #13 (Wife)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for a), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED With obstructive hydrocephalus 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 1982 Craniotomy, left cerebella mass April 1 NO F 71h TIME OF INJURY

DENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE

22a.1 certify that (1) (this haspital) attended the deceased from .19. 🄏 2. , and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated sow the deceased alive on\_

obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE

22¢ DATE SIGNED ATTENDING

4/14/82 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 4/16/82

Francis Gasch's Sons Funeral Home. P.A. Hyattsville, Maryland

Gate of Heaven Cem. Silver Spring Hontg. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA

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DHMH - 16 50M 1/B1 (VRA 15.4)

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230 BURIAL, CREMATION, REMOVAL

old Alexander Ferry Rd., Clinton,

Burial

	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND  SEALTH AND MENTAL HYGIENE 8 2  ICATE OF DEATH  REG. NO.						
H		CEASED NAME FIRST OR PRINT)	WIDDIE	ı	20 DATE OF DEA		DAY YEAR	26 HOUR 1:00A			
Н		HAR		MOSS			4/15/8				
	3. SE)		4 RACE	5. DATE C		6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
		ale	Caucasian	Nov	. 27, 190		YRS				
1		shington, DC	U.S.A.	DUNTRY?   8   MARRIE!   WIDOWE	NEVER MARRIED DIVORCED		EITY <u>OR</u> COUNT SEORGE 'S				
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITA			120 USUAL OCC			F BUSINESS OR		
0		CLINTON	SOUTHERN M	ARYLAND HO	SPITAL	The of work for most of working life) INDUSTRY Insurance Agent Insurance					
	13a_S	AL RESIDENCE (IF NURSING HOME OF ATT 136 COUPLING TO THE PROPERTY OF THE PROPERTY	RESS Pine Vi	ne View Lane							
		THER'S NAME		inton	YES X NO 1		THE AT	ем пап	6		
6	Sa	muel A. Moss	MIDDLE	LAST	Lottie Pe	erkins	DDLE	LAS			
	16a W	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES!	16b. SOCIAL SECURITY NO. 17 INFORMANT			ADDRESS				
	No	N/A	577	-07-4849	Dorothy	D. Moss	- Same	As #1	3 A-E		
		18 CAUSE OF DEATH Enter only one cause per line for (a). (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost.  DUE TO. OR AS A CONSEQUENCE OF  DUE TO. OR AS A CONSEQUENCE OF  DUE TO. OR AS A CONSEQUENCE OF  MARKET WEEK  APPROXIMATION  MARKET WEEK  DUE TO. OR AS A CONSEQUENCE OF  MARKET WEEK  APPROXIMATION  MARKET WEEK  DUE TO. OR AS A CONSEQUENCE OF  MARKET WEEK  APPROXIMATION  DUE TO. OR AS A CONSEQUENCE OF  MARKET WEEK  APPROXIMATION  MARKET WEEK  APPROXIMATION  MARKET WEEK  APPROXIMATION  DUE TO. OR AS A CONSEQUENCE OF  MARKET WEEK  MARKET WEEK  APPROXIMATION  DUE TO. OR AS A CONSEQUENCE OF  MARKET WEEK						MATERIAL TRANSPORTATION OF THE PROPERTY OF THE			
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	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME STREET FACTO		211 LOCATION STREET	CIT	YORTOWN	COUNTY	STATE		
		220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no	4/14/1	19 01	id that in (my) (our) opin	ion death occurred of	the date and ho	ur ond from the	that (I) ( <del>we) last</del> causes stated		
		William C	Jamber		DEGREE ATTENDINI PHYSICIAI		STAFF HYSICIAN []	221. DATE	SIGNED 15/42		
		William C. I	ambert, M	. D.	27e ADDRESS 2732 W St	treet, S.	E., Wa	shingto	on, DC		

231. NAME OF CEMETERY OR CREMATORY

Hill

MD

Cemetery 250. DATE REC'D. B

Cedar

23d LOCATION
CITYORTOWN

TY Suitland

9 1982

BP\_\_\_\_\_ DHMH-16 50M 1/81 (VRA 15, 4) 6631

TO FUNERAL DIRECTOR: shauld be detached far us with the State Dept of He IMPORTANT: If them 21 is

OR ATTENDING

TO HOSPITAL

A Committee of Section of Assembly assembly Concept the Control of the Control o Rahington, at U.S.S. same term consumed the transfer of the transfer of and wait snir dore I notnil .ook ine Viaw Lane Lottie Fertine Samuel A Loure NA STY-07-1649 Lorothy D. Hosn - Same as tis in-THE RESIDENCE OF A STATE OF THE PARTY OF THE The state of the s William C. Lembert, W. E. 2732 | Street, S.T., Machineton, DC Burdel April 17.1982 deder ill Consterv subtland Fr. Gog. 

OR ATTENDING

TO HOSPITAL

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TO FUNERAL DIRECTOR. etained by the hospital

signed by the ottending physici

1/2	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLA HEALTH AND A FICATE OF D	MENTAL HYG		G. NO.	0 7	6 2	2
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e e	3. SE	X	4 RACE	S. DATE C		YEAR	6. AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DATS		HRS
hours of		FEMALE	Caucasian 05			12	69	YRS	MONTHS OXIS	IIIOUKS	0
Elm 2		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER N	ARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH				
7	Wa	shington, DC	U.S.A.	WIDOWE	The state of the s	ORCED	Prince				MD.
E P	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)					(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
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200		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY			17 INFORMAL	rence		nown			_
Poges			VE WAR OR DATES)			William D. W. th'					
the n	No N/A 578-05-3219 WILLiam R. Mothe:									XIMATE INTERVA	A-E
e please remove carbor buriol, cremation, ar rer iry, ar other traumatic ex	7	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
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use o Health is mo			oital) attended the deceased from_	411	3 82	. 19		15/81		, that (I) (we	
d for t. of m 21			ot) view the body offer death.		and the second	(our) Opinion a	deoth occurred on t	the date and ho			d
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230 BURIAL, CREMATION, REMOVAL BURIAL A 23t NAME OF CEMETERY OR CREMATORY Suitland, Pr. Geo. April 20,1982 Cedar Hill Cem 250 DATE REC'D

Old Alexander Ferry Rd., Clinton, DHMH - 16 50M 1/81 (VRA 15, 4) 663

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BE FILED, WITHIN 72 H	3. SE		Sept. 18	YEAR LAST BIRTHE	EARS IF UNDER T		HRS. 2c. DATE IN. PRONOUNCED DEAD	4-24		A INAIVIR
AL RECORDS 201 W PRESTON	5 "	IRTHPLACE (STATE OR DREIGH COUNTRY)  Maryland	76. CITIZEN OF W	A.	8. MARRIED	NEVER MARRIED DIVORCED	Prince G	eorge's	County	MD.
00	PL	aurel	A Stree			STITUTION 12	o. USUAL OCCUPATION FOR MOST OF WORKING LIF	N (TYPE OF WORK 17	OR INDUSTRY	
1	11/1	AL RESIDENCE (IF IN NURSING IDENTIFY AND IN 1885).	OTHER INSTITUTION, C	13c. SITY OR TOWN Brooklyn		SIDE CITY LIMITS? 13	10 Ballman	Court	212	25
22	(1)	ATHER'S NAME PIRST OSTRON	MIDDLE	Nelson	C APR	OTHER'S MAIDEN ! Nellie W.	Willott		LAST	
DIVISION OF WALL	160.	WAS DECEASED EVER IN U.S. AI (ES, NO, DRUNKNOWN) (IF YES, GN	RMED FORCES? E WAR OR DATES)	220-72-02	90 Ro	stron New	Ison 8059 L	onghill R	ena, IJId. Pd. 211.	22
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI II PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS  Canditions, if any, whice gave rise to immediate cause (a) stating the underlying cause lost.	ATE CAUSE (a)  DUE TO, O	e far (a), (b), and (c).)  Narcotism  R AS A CONSEQUENCE  R AS A CONSEQUENCE					APPROXIMATE IN BETWEEN ONSET AN	ITÉRVAL ND DEATH
REMATION SEMATION	N.	PART 2 OTHER SIGNIFICANT CONDITION	(c) S CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COR	NDITION GIVEN IN PART 1	(g)			
JKIAL, C	TIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	RATION WAS PER	RFORMED?		L	20 AUTOPSY?	NO []
ZIZUI TRIOR IOZIZ	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.	M. MONTH DAY YEA	R 2Tr. HOW IN	JURY OCCURRED 1	ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2		
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		22e. I certify that I taak cha death resulted fram: Nat ACTUAL SIGNATURE	ge of the remains de ural causes X.	1	0.0	Hamicide	Undetermined manner	and in my apini	4-25-82	2
AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	2			A. Korell,	1.D. ADDRI	ESS111_P	enn Street			
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ALE WALE		SIGNATURE THE	MIGET XX	Julyen	*	Deputy	_MEDICAL EXAMINER	DATE	4/2.	3/1982	2
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TO MEDICAL E. EXECUTE THE O PAGE 4 SHOUL TO FUNERAL D A FITER DEATH, V BALTIMORE, M	-	(TYPE OR PRINT)		odriguez,		ADDKESS	yburn Ct.,	Tembre	HILLS	5, Mu.	•
7700	23a.BU	RIAL, CREMATION, REMOVA				OR CREMATORY	23d. LOCATION CITY OR TOWN	cou		STATE	
P P BP	24 FI	BURIAL NERAL DIRECTOR	APRIL 27,1	982 HSBURY	CHURCI		CRISFIELD  O. BY REGISTRAR 1256		RYL		
DHMH-17 (VR A15 ME (5))	-	NAME	ADDRE:		~^^ ^ ^ -			21 1		Marin	
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the buriol-tronsit permit. Then pleas and Mental Hygiene prior to buriol,

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IMPORTANT: If Item 21 is should be detoched with the State Dept.

Robert E. Wilhelm Funeral Home Inc APR

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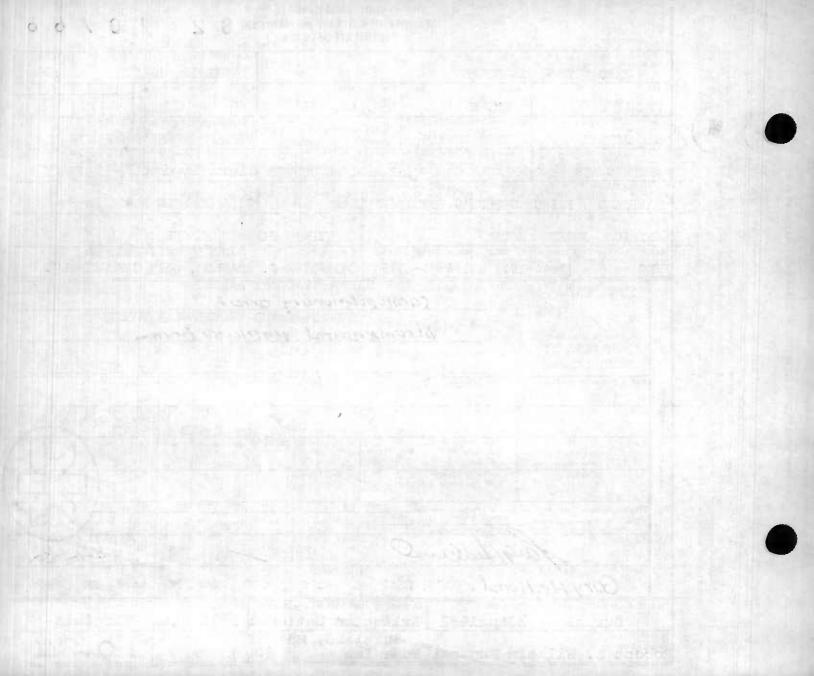
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		0 0
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	NDREWS AFB		MALCOLM			DICAL CENTER	clerk Typ	oist	MILI	TARY
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CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	1 OPERATIO	N WAŞ PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING		
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 216 INJURY OCCURR WHILE NOTIFY MOTIVE AT WORK AT WORK	AUSE OF DEATH	P.A.	A. MONTH D	19	21c. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE OF INJUI		OUNTY	STATE
	22a.1 certify that (1) sow the decease above, (1) (we) (d 22b. SIGNATURE	(this hospito	APR 1	2 ofter death.	82 or	11 , 19 82 Id that in (my) (our) opinion DEGREE ATTENDING			from the	
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23m F	URIAL, CREMATION, I		23b. DATE	0.0		EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: etoined by the hospitol



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၈ မင်		CEASED NAME OR PRINT) TRE	FIRST	B	MIDDLE	OF	OITZ	2 a.	APRIC	24,	1982	26 HOUR 5:40
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at OR A' the has at DIREC etached te Dept.		226 SIGNATURE	Lu	ALA	le Me	un	DEGREE ATTEN		EDICAL STA		22c. DATE	SIGNED
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Coleman-Upper Marlboro, Maryland 20772

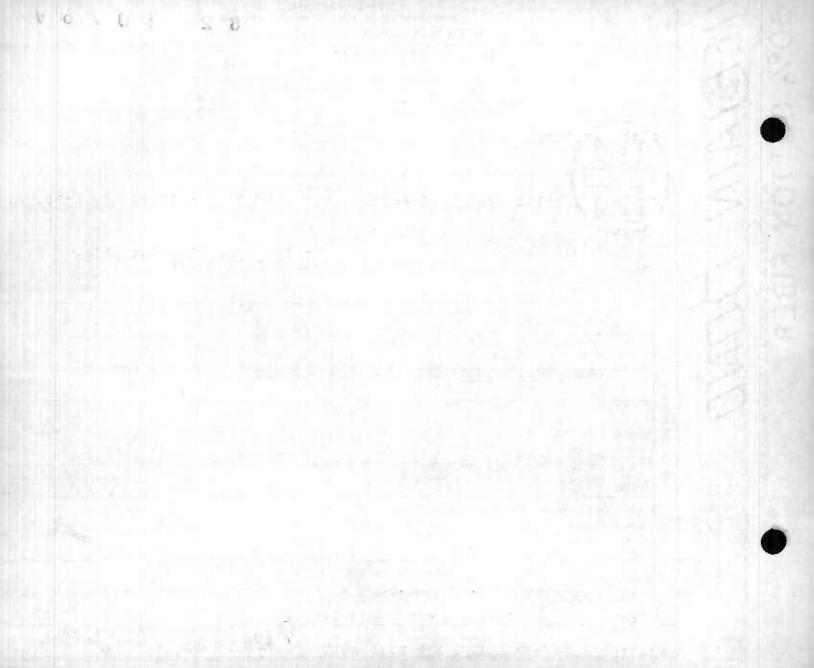
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Hichard A. C Funeral Home STATE OF MARYLAND

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	SEX SER		SIGNATURE_	11					.D. <u>A33 13</u>	scanc	_MEDICAL	EXAMINE	R	SIGN	ED	4/ 14	707
C. ELS.	SET THE	E	EXAMINER'S N	NAME		0					0.1		0 1.	140	0.34		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		(TYPE OR PRIN		ormez R.				ADDRESS				galto	MD	217	(01_	
	  -    -    -    -    -    -    -    -	(SPI	PECIFY)	ION, REMOVAL 2	36 DATE				R CREMATORY		23d LOCAT	WN		COL	YINL	51	ALE
7751	BP		JRIAL		4-17-82	Y	ORK M	EMOR	IAL PA	ARK	CHAR	T.O.T.	E NO	)RT	H C	AROĽ	INA
0	DHMH - 17		NERAL DIRECT	FOR	ADDRESS			37	25e	DATE REC	D. BY REG	ISTRAR 2	Sh RECOUNT	RAR'S	STENAT	URP/	n
	(VR A15 ME (5))			'S FIINE	RAL HOM		9 R T	. Av	W.	AP	23	1982	Ma	me	China Control	I AME STATE	Gara.
4	15M 2/80	FL	ALTER	O TOME	HILL HOIT		, 10 L	. 21 V	<u> </u>					- 1		<del></del>	



4.		
(1	quires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be	£ 4
1	9	signed by the ottending physician and campletely filled in by the funeral director, page a hen please remove carbon popers. Pages 1 and 2 should be filed within 72 hours ofter death
	Α π	or.
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9	24 4	lled
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PRE	e d	e of
3	# #	y th
0	th	d ba
DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	- 5	signed by

FOR STATE REGIS

must be notified on

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

0

	REGISTRAR				CERTI	ICAIL OI D	LAIII	REG. N	10			
	CEASED NAME	FIRST	7	MIDDLE		LAST	14,44	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
1,,,,,	L OK PRINGS	KATE		W	F	PAYNE			04	26	82	6:30AM
3 SE	X		4 RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST B		IF UN	DER 1 YEAR	IF UNDER 24 HRS
	Female		WI	hite	Octo	ber 13.	1883	98	YRS	MONTH	DAYS	HOURS MIN.
	IRTHPLACE (STATE OF I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	ADDIED T	9 BALTIMORE CITY			DEATH	
	aryland	4.0	U.S.	.A.	WIDOW	_	ORCED	PRIN	ICE GE	EORG	ES	MD
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL OCCUPAT		12		F BUSINESS OR
C	CHEVERLY		PRINCE	GEORGES G	SENER	AL HOSPI	ITAL	Housewife		FLIFE) IN	Own	Home
	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRESS				
_	aryland	P.	G.	Bladensb	urg	YES 🗶	NO 🗌	5017 Qui	icy S	tree	et	
14. F	ATHER'S NAME		MIDDLE	LAST	1-4	15 MOTHER'S	MAIDEN NA	ME		1,	LAS	. 1
G	eorge	-3/11/2		Ammon		Annie		E.			Dant	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAT	11	ADDR	ESS Ad	dres	s Sa	me as
	No	(# 165, 011	- WAR OR DATES	578-05-0	904D	Emily	E. Pay	ne ,	No	# 13	Se.	
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	ling for (a), (b), one	d (c)		12	1.7	1001		BETWEEN	MATE INTERVAL
	PART I. DEATH W		E CAUSE (v)	Chew	11111	NW ac	LIVE 1	WIN	1947	- [		,
	436	0	DUE TO OF	R AS ACONSECU	NCF OF			d vil 1			2	( )
	Conditions, if ony,		( 16)	ThW	J.W.		nenu	Whuly			1	HUNG
	gove rise to imm		DUE TO OF	R AS A CONSEQUE	NCE OF		MAL TH					1
	underlying couse	last	(c)									
	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION C	IVEN IN	PART 10	31
CERTIFICATION	Wents	VISI	1 014	espicies	1511							
S	198 DATE OF OPERAT	NON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?				OF DEATH?
TIF								YES NO		YES [	CAUSES	NO [
	210. ACCIDENT WAS UNE	_	216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 1	B PART I C	PART 2)	
CAL	OR CONTRIBUTING (		th l		19							
MEDICAL	214 INJURY OCCURE	RED	21e. PLACE C	OF INJURY EET FACTORY, OFFICE, FA		211 LOCATIO	N	CITY OR TO	)WN	-	OUNIY	STATE
2	WHILE NOT WH	ILE	(AT HOME, SIK	EET FACTORY, OFFICE, FA	ARM EIC }	STREET					00.111	31816
	22a.1 certify that (I)	(this hospit	rol) attended the		4/	2	. 19_4		.6	. 19		that (%(we) last
	sow the decease obove, (I) (we) [c	d olive on	1) view the hady	ofter death	L . 0	nd that in (my) (	opinion o	death occurred on the c	ote and h	our and	from the	couses stated
	226. SIGNATURE	. 1	1/1	(11)	10	DEGREE			1	1	D. DATE	SIGNED /
	Nost	NUM	KIL	Ilhuh	V		TENDING HYSICIAN	DIRECTOR PHYSI			44	11.14
	22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)		RIL	22e ADDRESS		1 0	11	1	1	4 0
	Frederic	k H.	Wilhelm,	M.D.		1580	Armi	Dela Krust	KA	MIL	W	10
	Frederic	k H.	Wilhelm,	M.D.		580	Ahur	out Runt	KA	MI	W	,

23c. NAME OF CEMETERY OR CREMATORY

BP.

etoined by the haspital TO HOSPITAL OR

DHMH - 16 50M 1/BI (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu TO FUNERAL DIRECTOR. After this certificate hos bee

IMPORTANT: If them 21 is marked or them 18 shows any

230. BURIAL, (SPECIFY)

24 FUNERAL DIRECTOR

CREMATION, REMOVAL

Burial

Gasch's Sons F.H. P.A. Hyattsville, Md.

4-29-82

23b. DATE

23d. LOCATION
CITY OF TOWN
Brentwood P.G. Maryland Ft. Lincoln Cemetery REGISTRAR 251 REGISTRAR'S SICHAMORE

real .Ti radatah 01111 61503 PRINCE CRORES bunlyank Tousoni fo largland P.G. Diadonsburg x Tir miner treet teron their CONTRO Janc Danc as one prompted orpro . Tring of con or .of I'c' A-Prime a day Prodorick W. Wilbelm, M.D.

inerthorn very not continued

5 1. 1 mg . 15

E. Caschis Sons T.H. D.A. Evalle, Md.

Sanly well

FOR STATE			PARTMENT OF	HEALTH AND	MENTAL HYGU	PATIF	077	1
		N	NIDDLE	LAST		20. DATE KNOWN	MONTH DAY YEA	2 24 to 22
male	1. RACE black	S. DAJE OF BIRTO	YEAR 6. AGE (IN Y	EARS IF UNDER 1 YR		S. 2c. DATE PRONOUNCED	4-14 8	2 104
No. Caro	lina	U.S.A.		10 0	IEVER MARRIED C	1 - PAITIMOPE CITY		M
Suitlar	nd, Md.	PRINCE GE	ORGES GEN	IERAL HOSP		USUAL OCCUPATION ( OR MOST OF WORKING LIFE) ON TO	Aptor	natic
Marylar	nd P.G.	OTHER INSTITUTION, GIVER	ESIDENCE BEFORE ADMISS 30. CITY OR TOWN Suitland	13d. INSIO	NO 32	14 Sycamo		ice
Alfred	Dolan P		LAST	Alr	na Hill	MIDDLE	LAST	
(YES, NO. OR UNKNO	(IF YES, GIVE V	VAR OR DATES)	241-40-9				Same as	#13
Condition gave ri cause (a lying cou	ns, if any, which se to immediate stating the <u>under-use last</u> .	CAUSE (0) HYPER  DUE TO, OR AS  (b)  DUE TO, OR AS	A CONSEQUENCE	OF .		EASE		
							47	V
21ª EXTERNA UNDERLYING CONTRIBUTI	OR NG CAUSE OF D	HOUR A.M. A	MONTH DAY YEA	R	RY OCCURRED LENT	ER NATURE OF INJURY IN ITEM		
WHILE AT WORK	NOT WHILE AT WORK			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		[X]		TITLE	(SPECIFY)	determined manner		-82
(TYPE OR PRI	NI) August						Temple Hill	s, Md.
Burial FUNERAL DIREC	TOR	4-18-82	Goode	Cemetery	,   0	hesterfie	1 d County	Va.
	BIRTHPLACE (S FOREIGN COUNTRY)  SEX Male  BIRTHPLACE (S FOREIGN COUNTRY)  NO. Carc  O. CITY OR TOWN  SUAL RESIDENCE SUAL RESIDENCE SUAL RESIDENCE SUAL RESIDENCE SUAL RESIDENCE SUAL RESIDENCE (S STATE Marylar  A FATHER'S NAMI FIRST  A I fred  STATE  OCONTRIBUTI 21d. INJURY (CONTRIBUTI 21d. INJU	DECEASED NAME (TYPE OR PRINT)  ALFRED  SEX MAILE  SEX MAILE  G. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  NO. Carolina  D. CITY OR TOWN OF DEATH  Suitland, Md.  Suitland, Suitland, Md.  Suitland, Siand, Md.  Suitland, Md.  Sui	DECEASED NAME (TYPE OR PRINT)  ALFRED  DOLA  SEX MAILE  G. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  NO. Carolina  D. CITY OR TOWN OF DEATH  SUITLAND, M. STATE  SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RE	DEPARTMENT OF MEDICAL EXAMIN  DECEASED NAME (ITYPE OR PRINT)  ALFRED  DOLAN  SEX  Male  ARACE  BIRTHPLACE (STATE OR POSE OF DEATH  SUIT LAND AND CATOLINA  SUIT LAND  SUIT LAND  BUSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING HOME OR OTHER SUBJECT ADMISSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING HOME OR OTHER SUBJECT ADMISSING HOME OR OTHER SUBJECT ADMISSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BOOK ADMISSION HOME.  BY THE TOTAL THE OTHER SU	DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CERTIFE  DECEASED NAME (ITTE OR NOW!)  SEX MADE  BERTHPLACE (STATE OR PORCES) (OR TO I In a COUNTRY)  BERTHPLACE (STATE OR PORCES) (OR TO I IN a COUNTRY)  BERTHPLACE (STATE OR PORCES) (OR STATE OR	BETAILE REGISTAR  MEDICAL EXAMINER'S CERTIFICATE OF DI  DECEASED NAME (TYPE OR PRINT)  ALFRED  DOLAN  SEX  BLACE   DEPARTMENT OF HEALTH AND MENTAL HYGIGNE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIGNE  REGISTRAR  ALFRED  DOLAN  ALFRED  DOLAN  PENN  SEX  ALFRED  DOLAN  DOLAN  PENN  SEX  BARRIED  DOLAN  PENN  SEX  BARRIED  DOLAN  PENN  REGISTRARIED  DOLAN  PENN  SEX  BARRIED  DOLAN  PENN  REGISTRARIED  DOLAN  REGISTRARIED  REGISTRARIED  DOLAN  REGISTRARIED  REGISTR	DEPARTMENT OF HEALTH AND MENTAL HYGINE REGISTAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  DECEASED NAME I'M CANADA ALFRED  DOLAN  EACH INVESTING REG. NO.  ALFRED  DOLAN  EACH INVESTING REG. NO.  DOLAN  EACH INVESTING REG. NO.  DOLAN  EACH INVESTING REG. NO.  MARRIED  NO. CA TO I TO  I NO. CA TO I TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO I TO  I SUBJECT OF TO THE WORLD REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CA TO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CONTROL  REG. NO.  MARRIED  REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CATO  I NAME OF HEALTH REG. NO.  MARRIED  NO. CONTROL  REG. NO.  MARRIED  NO. CATO  REG. NO.  MARRIED  NO. CONTROL  REG.	

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		Item FOR E	2-82 AI		3567 DEPA	STA		MARYLA H AND N		HYGIEN	IE			10g) 67	. 0
	1-	FOR STATE 5-1 REGISTRAR	.C-02 AL			LEXAMIN					8H 4	REG. NO	U	/ /	6.
		CEASED NAME OR PRINT)	E FIRST		MIDDL			LAST			20. DATE K	NOWN [	MONTH	DAY YEAR	10. 1100K
		MA			L			CINS			DEATH /	MATED X	4-14	1982	-
0	1 SEX	MALE	4. RACE WHITE	S. DATE O		6 AGE (IN YE LAST BIRTHD 73	ARS IF UI	NDER 1 YR.	IF UND	ER 24 HRS.	PRONOUNCE DOMAND	CED	MONTH	DAY YEA	K 01
V	1	RTHPLACE (S			N OF WHAT CO		RS.			L	7.7W		4-14	1982	100
7		reign country 1		-	JSA	ONIKIT		NED N	EVER MAI				_		
75		TY OR TOWN				NURSING HOM				12a. USI	UAL OCCUPA	ATION (TYPE	Geor	26. KIND OF	BUSINESS
4	C	hever	ly	PRIN	ICE GEOR	GES GEN	ERAL	HOSPI	TAL		MOST OF WORKE		reach	or INDU	STRY
ZI		TATE	(IF IN NURSING HOME COUN	TY	13c. C	CITY OR TOWN		13d INSIDE	CITY LIMITS?	13e STR	REET ADDRES	S			
2		Md	P.G.		Qo1	lege P	k	YES 💽	NO [	□ I#8	Aust	in Co	ourt		
67	14. 17	FIRST TO ho		MIDDLE		LAST		1	FIRST	D and	MID	DIE	101-016	LAST	
		VAS DECEASE	Hamilto	AED FORCE	5? 16b.	SOCIAL SECURIT	Y NO.	172407	PANC	Peni uilfo	nywith	ADDRESS	1 tim	oro N	<i>I</i> A
1	(4)	ES, NO, OR UNKNO	Non		57	8-12-1	845	Phil	ip.	$J$ . $P\epsilon$	erkins	s-sor	3 T C T [[]	2121	8
OF HEALTH AND MENTAL HY AL, CREMATION, OR REMOVA	MEDICAL CERTIFICATION	couse (a lying car	ise to immediate ) stating the <u>under-use last.</u> IGNIFICANT CONDITIONS	DUE («	C) TO DEATH BUT NOT	CONSEQUENCE  RELATED TO THE TERM  OR WHICH OPER	NINAL DISEA	SE OR CONDITI	ON GIVEN IN		onade			20. AUTOP:	SY?
1	THE												1		X NO [
3	CAL CE	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF I	HC	TIME OF INJUR OUR A.M. MON P.M.			IOW INJUR	Y OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART	2)	
	WEDI	WHILE AT WORK	OCCURRED  NOT WHILE AT WORK		PLACE OF INJI TREET, FACTORY, FAI		21f. LC	STREET			CITY OR TOW	И	COUN	ИTY	STATE
WORE, WARYLAND, ZII		22a I cert death result SANATURE EXAMINER'S (TYPE OR PR)	Augus	ol couses	Accid		Auto	Ham	Inspec sicide (SPECIFY) PUTY	Under MED	Inquiry ( termined man  DICAL EXAMI	nner .		4-14-8	32 , MD207
BALL	- 0	URIAL, CREMA	TION, REMOVAL 2			3c. NAME OF CE				CITY	OCATION ORTOWN		COUNT		STATE
		Cremat		4-1	6-82	Lee	S	rema	ZSa. DA	IE REC'D. B	ashin Y REGISTRAR	IS ton	STRARS SK	GNATURE	
7 (5))			eral Ho	me 3	OO-4th	St M	F	Mach	D	APRO	1 1000	21	0	, on	

Mineral Barin The same of a second of the same of the sa - specialists . The second striften Halliotedann danself-ene santitungagenter t Chicago man subfrage yang ESTATED TO THE TRANSPORT OF THE PARTY OF THE HA & A KESTO P. TROPINGER, THE DAY OF VEHICLE OF CASE SHATHERS HOWEVER Last Street Libera Like and and an end internal call deoth deoth

n and completely filled in by the f Pages 1 and 2 should be filed with

After this certificate has been signed by the attending physician e as the buriol-transit permit. Then please remove carbon papers. P

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corban paperwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If frem 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the hospital

BP.

r to buriol, cremonon,

STATE OF MARYLAND FOR - STATE 0 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4.1982 FOREST LAWN
J.W.Blileys
#36 Richmond, Va.

П	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
1	1. DECEASED NAME FIRST	WIDDLE	U	AST	20 DATE OF DEATH MONT	H DAY	YEAR	26 HOUR
1	(TYPE OR PRINT) Rut	h EDWARDS		Perkins	Apri	1 11	1982	2:30PM
ı	3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY		UNDERLYEAR	IF UNDER 24 HRS
1	FEMALE	WHITE	MARCU	31,1897	85		NIHS DAYS	HOURS MIN.
4	TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY OR CO		FDEATH	
1	VIRGINIA	II C A		NEVER MARRIED				
7	10 CITY OR TOWN OF DEATH	U.S.A.	NG HOME O		Prince George	S Co		MD.
4	T ARTO DI	(IF NOT IN SUCH FACILITY, GIVE STREE			ITYPE OF WORK FOR MOST OF WOR	KING LIFE)	INDUSTRY	
4	LAUREL USUAL RESIDENCE (IF NURSING HOME O	Greater Laurel	Beltsv	ville Hospital	1 HOUSE WIFE		OWN	HOME
7	130 STATE 136 COU	NTY 13c. CITY OR TO	WN		13e STREET ADDRESS			
4	Md. PRINC	CE GEO. CO. LAU	REL		1120 BEALL PL	ACE		1
A	FIRST	MIDDLE LAST	443	15 MOTHER'S MAIDEN NAM	WIDDIE	1	) (AS	t
4	JAMES	EDWARI		LULA	LEE		PRU	ETT
1	(YES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)		17 INFORMANT	ADDRESS			- Maio
	NO I	N/A 223-88	-028]	EDITH P. JON	ES ( DAUGHTER	)		
	18 CAUSE OF DEATH (Enter o	inly one cause per line (of)(a), (b), a		0	1		BETWEEN	MATE INTERVAL
1	PART I. DEATH WAS CAUSI	TE CAUSE (0) COUL	estive	neart 1	aillure		1	
1	5119	DUE TO, OR AS A CONSCOL	IENICE OF					
1	Conditions, if ony, which	( also	ial	hi prille	ation			
1	gave rise to immediate couse (a), stating the	DUE TO OD IS I SOMEON	in longer	/		-17		
1	underlying cause last.	DUE TO, OR AS A CONSEQU	112	pleural	Effectes	Lè.		
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAMISEASE OF CONDITIO	N GIVEN	INI PART 110	
1	3 Seni	lity			THE BIOCHOL DICCOMPANIE	· OlvEi	THE ART THE	
A	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, V	VERE FINDIN	IGS USED
71	DE .				YES O NOO	CERTIFYIN	G CAUSES	OF DEATH?
ч	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT			140
#1								
1	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION				
Ī	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE,	FARM ETC )	STREET	CITY OR TOWN		COUNTY	STATE
1	AT WORK		7-0	D- 0 02	A . 11		07	
1	sow the deceased alimen	oital) attended the decased from.	0 2	1986	10/10/11	19.	- 1	that (I) (we) last
1	abave, (1) we) (did) (did no	at view the body after death.			death occurred on the date or	d hour or		
-	22b. SIGNATURE	ovast.	D	ATTENDING .	MEDICAL STAFF		22c. DATE	SIGNED
	FEL	me ful	17	PHYSICIAN [	DIRECTOR PHYSICIAN		170.	11,86
1	22d. PHYSICIAN'S NAME (TYPE	A COMMENT OF THE PARTY OF THE P	n h	27e ADDRESS	0	2	1	. 0
	0.11.06 7	ATORREIN	ID	320 Mon	yomeny:	21	. 10	rusel
	230 BURIAL, CREBURTALMOVAL	23b. DATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION		PERMIT	
1		APRIL14.1982 F	FOREST	LAWN	RICHMOND	C	ΦυΝ1γ	Va.

DHMH - 16 50M 1/81 (VRA 15, 4)

Constant of the contract of th Management of the last the las BOART ALPER BEING BEEN DO LEWIS . TO ASSESS THE PARTY OF THE PARTY 223-31-0263 (1986) TOTAL TERESCENCE AND A PROPERTY OF THE PROPERT Say, a fing flow file of the cond. In.

6 %	1-	FOR Home 4/19, REGISTRAR	/ UZ I'C	RTMENT OF H	E OF MARYLAND EALTH AND MENTAI R'S CERTIFICATE	OF DOATH	107	74
to Castles	I. DE	CEASED NAME PE OR PRINT)	Iola Ambout		ole	20. DATE KNOV OF ESTI DEATH MATE		AY YEAR 26. HOUR
A COUNTY HE	3. SE	mele White	5. DATE OF BIRTH MONTH 12-29-06	75 YRS	MONTHS DAYS HOURS	PRONOUNCED	4-9	1982 8 3 M
NECESS NECESS NATH NATH NATH NATH NATH NATH NATH NATH	>	IRTHPLACE (STATE OR PLACE) VA.	U. S. A.			RCED Pr. G	city or county o	MD
7 Serven	L	aurel.  AL RESIDENCE (IF IN NUASING HOM	11 NAME OF HOSPITAL, IF NOT IN OUT FACTOR OF	IVE STREET ADDRESS	SULLE Hope	FOR MOST OF WORKING LIFE Wildlife		KIND OF BUSINESS OR INDUSTRY
D. 21201 IF ANY DELANDS IF AND SET AND	13a. S	TATE _ INCOU	JNTY 13c. C	encervi	T3d. INSIDE CTTY LIMITS	2900 Spen	cerville	Rd.
LTIMORE, M. VFIER DEATH. FE PAGES 1, FORM PM. GES 1 AND 2	) G	orge T. Finn		LAST SOCIAL SECURITY	Emma Fo	rd.	DRESS	LAST
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DIVISION OF VITAL RECTHIS CERTIFICATE SHOULD IN WRITING THE WORD "PER WARDED TO THE CHIEF WARDED TO THE CHIEF WARDED AS SHOULD BE USED A PAGE 3 SHOULD	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE O	216. TIME OF INJUR HOUR A.M. MON P.M. 218 PLACE OF INJU STREET, FACTORY, FAR	ITH DAY YEAR  19  JRY (ATHOME,	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
CAL EXAMINER: THE CERTIFICATE SHOULD BE FORW ERAL DIRECTOR: ERAL WITH THE S' PRE, MARYLAND,		220. I certify that I took cho	orge of the remoins accribed in turol causes . Accide	obove, held on ent , Suice	Autopsy , Inspective , Inspective , Inspective , Homicide , ITITLE (SPECIFY) , M.D. Deputy	Undetermined manner	and in my opinion  DATE SIGNED	4-10-82
TO MEDI EXECUTE PAGE 4 AFTER DE BAUTIMO	23a. P	(TYPE OR PRINT) AUG		uez, M.D	ADDRESS 5009	Rayburn Ct.,		
BP	1	Burial			on Cemeter	CITY OR TOWN		STATE
1703 DHMH-17 (VR A15 ME (5)) 15M 2/80	X	the Vellers	Takoma Fun 254 Carrol	eral Ho	mew. D. C	PR 1 5 1982	frame frame	

James Johns 14 35 25 17 Pr. Georga Co. Dances. Spire dan - De Maple for a Varianses. housen. Waryland. Homtq. Spencerville. + 1 - 2700 Spencerville Md. Gorge T. Finnell thung Ford. 214-36-1771 Louis A. Pools. ( Husband ) 13s The state of the same of the s Burial. Nor. 13, 1982 Union Cemetery Burtonsville, Md. LALL LES SELECTED SELECTED . B. C.

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ows	TIF							YES T NOT		TIFYING CAUSE! YES 🗍
Hyg 18 sh	CER	210 ACCIDENT WAS U		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJ	JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM IS	PART ( OR PART 2)
nto l	CAL	OR CONTRIBUTING		P.M.	19	10.00				
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of h		saw the daced obove (I) (we)	(did) (did not) v	ew the bady after death.	19, and	d that in (my)	our) pinian d	leath occurred an the	dote and ha	our and from the
Dept		22b. SIGNATURE	9	1)	010	EGREE				22c. DATE
deta deta lote		Va	in	Hohat	lter.	00 P	TTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN	- 4
A S		22d. PHYSICIAN'S I	NAME (TYPE OR PR	INT)	11/	22e ADDRESS		1		,

Schralt

4/19/82

4339 Hunt Place, N.E., Washington, D.C.

24 FUNERAL DIRECTOR Rolling Funeral Home, Inc.

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 Seen ION GIVEN IN PART 110 06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [ NO [ NITEM 18 PART 1 OR PART 2) COUNTY STATE and haur and from the causes stated 22c. DATE SIGNED (Auteurs 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Landover Prince Georges MD Harmony Memorial Park 250. DATE REC'D. BY REGISTRATED REGISTRATES AND THE

Proctor

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Cedar Hts. Dr. tol Heights, MD

REG. NO

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL [SPECIFY] Burial

N V O L S & State and S of the Contract of the 1035013 016501 Notiting Turgral diome, inc. 

1	ECEASED NA/	MĘ FIR		WIDDLE	DANGE	LAST		20 DATE KNOWN OF ESTI-		DAY YEAR
3. SI	x ale	4. RACE White	5 DATE OF BIRTH	YEAR	LAST BIRTHDAY) MONT	DER 1 YR. IF U	NDER 24 HRS.	DEATH MATED  2c. DATE PRONOUNCED	нтиом	DAY YEAR
70	BIRTHPLACE OREIGN COUNTRY CONSTRUCTION	(STATE OR	June 19, 7b. CITIZEN OF W U.S.A.		MARR	IED & NEVER A	MARRIED [	9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH
C	ewor town	of DEATH	11. NAME OF HOS (IE NOT IN SUCH FA 7600 F	ountai	RSING HOME, OR OTH TREET ADDRESS) Inbleau Dr.	ER INSTITUTION	FORA	AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK	
13a.	Marylai	e (if in nursing h	OME OR OTHER INSTITUTION, GOUNTY	INEWY Carr	DEFORE ADMISSION) OR TOWN Collton	13d INSIDE CITY LIN		PO Founta	inbleau	
-	Samue	AE .	MIDDLE	amsda]	LAST	15. MOTHER'S A		WIDDLE	14	Travis
16a.	WAS DECEAS YES, NO, OR UNKI YES	NOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES) WW 11		24 9886	Marie I	Ramsdalo	ADDR Same	as #13	(Wife
		o) stating the <u>ur</u> ause last.	DUE TO, OR	AS A CON	SEQUENCE OF					14
N.C.	PART 2 OTHER	SIGNIFICANT CONOI	(c) TIONS CONTRIBUTING TO DEATH  1 intexic	BUT NOT RELA	TEO TO THE TERMINAL DISEAS	E OR CONDITION GIVE	N IN PART 1 (a).	5,810.		3
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CAL CERTIFICATION	PART 2 OTHER ACUTE  19a. DATE C	significant condi	196 CONDI	TION FOR V	WHICH OPERATION W	OW INJURY OCC	URRED LENTER	NATURE OF INJURY IN ITEN	M 18 PART 1 OR PA	20. AUTOPS
MEDICAL CERTIFICATION	PART 2 DIHER ACUTE  196. DATE C  216. EXTERN UNDERLYIN CONTRIBUT  216. INJURY	SIGNIFICANT CONDI	196 CONDI	TION FOR V	DAY YEAR SO (ATHOME, 216, LO	OW INJURY OCC elf infl	CURRED (ENTER N	CITY OF INJURY IN ITER		20. AUTOPS' YES   RT 2]
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Males with June 10, 1003 Sc. OS . CC Livral knowned somiat A. S. II nammy lymmen 11. S. A. eg- Carrollton 2 7630 Sountainblean Sr. Srinter Co. ordend Primes Coo. Carrollees v Containblees Mr. Sanuel R. Hamsdale Chelon ton 11 11 M 0986 Harte demandale Some on with (11th to the interest of the second None Home 2000 Pennet intel out for the Correction, Md. TOMOR DESCRIPTION OF THE PARTY Augusto T. Rodrigner, M.D. 5008 Carburn Court Dasp Springs, Mc. Smiles 5.7/82 Maryland Jenerales Com. | Chellenter 5.0. Smiles 

Brod teviling, Norginal

FOR STATE REGIS

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REOBINAN								REG. NO	).		
		CEASED NAME	FIRST	1	AIDDLE		LAST		20 DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
	,,,,,	OF PRINT)	INEZ	NA'	TALIE	RAN	ISOM	7100		А	PR 30	1982	8:05a M
	3 SE	х	The are	4 RACE		5. DATE O			6. AGE (IN YE	ARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FE	MALE		WHITE		JUN		1910	71		YRS	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- Clare	MARRIED -	9 BALTIMOR	E CITY O	-	OF DEATH	
2		SSOURI		USA		WIDOWE	_	DIVORCED T	PRINC	E GEO	RCE 1 S	COUNTY	Z MD
1	10 C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL C	CCUPATIO	N	126 KIND C	F BUSINESS OR
Ŋ	AN	DREWS AF	В		GROW USA		TCAL (	CENTER	SECRE'		WORKING LI		RNMENT
d	13n S	AL RESIDENCE (IF)	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					100	1 00 1 11	CHILDIA
5		RYLAND			OXON HI		YES X	CITY LIMITS?	13e. STREET A		А СТ		
		THER'S NAME	FICEIRE					R'S MAIDEN NA			A DI	44	
C	T	OCKR IDGE	LF	MIDDLE	GREEN		AR	INA	TOT :	MIDDLE	TH	LINN	
	_	VAS DECEASED EV			16b. SOCIAL SECU	RITY NO.	17 INFORM		EL.	IZABE ADDRE:		LIND	
		res, no or unknown	(IF YES, GIV	E WAR OR DATES)					O) ( TT )				MD
	N				494-10-0						ALICE		LTIMORE
	-31	PART I. DEAT	H WAS CAUSE	nly ane couse per DBY:	line lar (o), (b), and	lici.i	ARDIO	PULMONAR			_	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		11,5	IMMEDIA"	TE CAUSE (a)	caraci		lluo			UT			
		DUE TO, OR AS A CONSEQUENCE OF MASSIVE PULMONARY EMBOLUS											
	17	Conditions, if any, which gave rise to immediate (b) Massive Vulmorialy					ME	ub	0/4	7			
		couse (a), st	oting the	DUE TO, OF	AS A CONSEQUE	NCE OF							
		onderlying co	ouse lost	(c)		2.00							
	7	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR COND	ITION GIV	EN IN PART TO	5
	CERTIFICATION					-		620 0		2.75			
>	ICA	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?		YING CAUSES	
-	RTIF								YES 🗌	NO		S 🗍	NO [
1		21a. ACCIDENT WAS	_	3	FINJURY M. MONTH DA	Y YEAR	21c. HOW I	NJURY OCCURR	RED (ENTERNATI	JRE OF INJUR	IN ITEM 18 P	PART I OR PART 2)	
	CAL	(IF EITHER, NOTIFY		1111		19							
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE			211. LOCAT			CITY OR TOW	ıN.	COUNTY	STATE
	2	AT WORK AT	T WHILE WORK	(AT HOME, SIR	EET, FACTORY, OFFICE, FA	ARM EIC)	3.71	74		CHIONION			State
	100	220.1 certify that	(I) (this-hospi	fal) attended the			r 14	19 82	to		30	19 82	that (l) (we) fast
		sow the dec	eosed alive on	Apr	30 19	82_, ar	nd that in (my	() <del>(our) o</del> pinian d	death accurred	on the do	te and hav	r and fram the	causes stated
		226. SIGNATURE	111	/ View the boday	offer deoffi.		DEGREE	A				22c. DATE	SIGNED
		TH	Mel	6 Cry	W)			ATTENDING PHYSICIAN	MEDICAL	STAF	ANI	30 A	Apr 82
		22d. PHYSICIAN'S	NAME (THE	OR PRINT)			22e ADDRE	SS MALCOL					
	-	THADDEU	SRILEY	CAPT.	USAF, MC		21 3 7		IS AFB 1			.CILI OLI	17.01/
	23a B	URIAL, CREMATIC					EMETERYOR	CREMATORY	23d. LOCAT		JJ1		
	(	SPECIFY)						FVICES H			100	COUNTY	STATE
	TVE	emoval		Apr. 30,	TAOS 01	niver	PT CA O	r mie u	ed Tru p	CTAU	25,	De unesa	a, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

O HOSPITAL OR ATTENDING PHYSICIAN: The

marked or Item 18 sh

MPORTANT: If he

24 FUNERAL DIRECTOR

Apr. 30, 1982 University of the Health Sciences, Bethesda, Md.

ORECTOR

Capitol Funeral Service, Falls Church, Va. MAY 7 1982 January Marthe

epr. (0, 1)5 Mirefell, 8 Vice to ences, named A. Control taker a cryado, mais unuan, m.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN MONTH 2b, HOUR (TYPE ON FRINT) DEATH MATED AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE MONTH PRONOUNCED TRS 0 000 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Pr. Geo. WIDOWED P DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Homemaker SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Je. STATE Pr. Geo. Mt.Rainier 13e. STREET ADDRESS Md. - 29th Street YES X NO [ A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Harr G. Stauffer Eleanor Winder 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESO6-Bloomsbury (IF YES, GIVE WAR OR DATES) [YES, NO, OR UNKNOWN] 220-34-3101D Catherine Stauffer Catonsvill No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per M BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY selectio Cardidvascular deserve IMMEDIATE CAUSI TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). FICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted fram: Natural causes Atcident Homicide Undetermined manner 0 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 134 DATE Va. Burial 4-21-82 Arlington Nat'l. Arlington. 24. FUNERAL DIRECTOR **DHMH - 17** Mt. Rainier, Md. (VR A15 ME (5)) Nalley's F.H.Inc. 30M 7/73

From L 6 MI 1 15 - 25 49 8/2 for family the coins some start fort of more to the Coliffer to we also to do at a water harmone The state of the s A few of the same and force of the same with the same of the same A taken programme of the first section. , we consider a second and the second

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE @

and Pr.(	4. RACE White  7b. CITIZEN OF WHAT COUNTRY U. S. A.  11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACHITY, GIVE STRE  Prince Georg  R OTHER INSTITUTION, GIVE RESIDENCE BERG	S DATE O AMONTH AUS Y? 8 MARRIED WIDOWEI SING HOME O CET ADDRESS) ORE ADMISSION) WN	16, 1901  NEVER MARRIED DI DIVORCED ROTHER INSTITUTION	9 BALTIMORE CITY Prince  12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ril 6,3 80 yrs. Orcounty of George	UNDER I YEAR IN INTER INTER INTERIOR IN	FUNDER 24 HRIS
ISTATE OR FOREIGN  Land  WN OF DEATH  Pry  NCE (IF NURSING HOME O  And  Pro  Ame  St  Ancis  Jo	White  7b. CITIZEN OF WHAT COUNTRY  U. S. A.  11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  Prince George  ROTHER INSTITUTION, GIVE RESIDENCE BEFI  NTY  BIA. CITY OR TO  Geo's Bladens	AMONTH AUG  Y? 8 MARRIED WIDOWE  SING HOME O EET ADDRESS) ORE ADMISSION) ONN	16, 1901  DE NEVER MARRIED DE DE DIM DIVORCED DE ROTHER INSTITUTION  ON Hospita	9. BALTIMORE CITY Prince 12a USUAL OCCUPA (TUPE OF WORK FOR MOS	80 YRS. CR COUNTY O	UNDER LYEAR IN NIMS DAYS F	FUNDER 24 HRS
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and Pr.(	r other institution give residence before the state of th	ORE ADMISSION)				Emplo	yee
ancis Jo	MIDDLE LAST		YES 🛣 NO 🗌	5423 An	s napolis	s Road	
	oseph Moult			erine -	- Fit	tzpatr	ick
	VE WAR OR DATES!		Hon. James	M. Rea-U	6106 Ma	arlbor arlbor	o Pik
or to immediate to stating the the new course lost.  OTHER SIGNIFICANT OF THE SIGNIFICANT	1 (00	O DEATH BUT I			NDITION GIVEN	IN PART 1(01	
OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	I WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	NG CAUSES OF	S USED DEATH?
NOTIFY MEDICAL EXAMINET  RY OCCURRED  NOTIWHILE AT WORK  Ify that (1) this haspi	P.M.  21e. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE ito) attended to a deceased from	19 E FARM, ETC.)	211. LOCATION STREET  19  1 thorn (my) (au) opinio	RRED (ENTER NATURE OF IN	TOWN	COUNTY  COUNTY  tho  nd from the cau	STATE (I) we) loss
61h	tille EA MO	)	AA. ADDDEEC			4/6/	185
E B	DF OPERATION  ENT WAS UNDERLYING  BUTING CAUSE OF DE  NOT WHILE  AT WORK  Ty thou III this hosp	OF OPERATION  IPB CONDITION FOR WHICH  ENT WAS UNDERLYING   21B. TIME OF INJURY HOUR A.M. MONTH NOTIFY MEDICAL EXAMINER)  PY OCCURRED  NOT WHILE   21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE TO THE CONTROL OF THE CONTROL	DF OPERATION  196 CONDITION FOR WHICH OPERATION  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR NOTIFY MEDICAL EXAMINER)  19 OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	DF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR NOTIFY MEDICAL EXAMINER)  19 216. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FARM, ETC.)  211. LOCATION STREET  19 211. LOCATION STREET  21 21 211. LOCATION STREET  21 21 211. LOCATION STREET  21 21 21 211. LOCATION STREET  21 21 21 21 21 21 21 21 21 21 21 21 21 2	DF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  YES NO  OUTOPSY?  YES NO  OUTOPSY?  YES NO  OUTOPSY?  YES NO  YES NO  OUTOPSY?  YES NO  YES NO  OUTOPSY?  YES NO  OUTOPSY?  YES NO  YES NO  YES NO  OUTOPSY?  YES NO  OUTOPSY?  YES NO  YES N	OF OPERATION  INDECONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  100 IF YES, VIN CERTIFYIN  YES NO YES	DF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO YE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shi with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exa

> -Upper Marlboro, Maryland 20772 Richard A Funeral H Home C Coleman

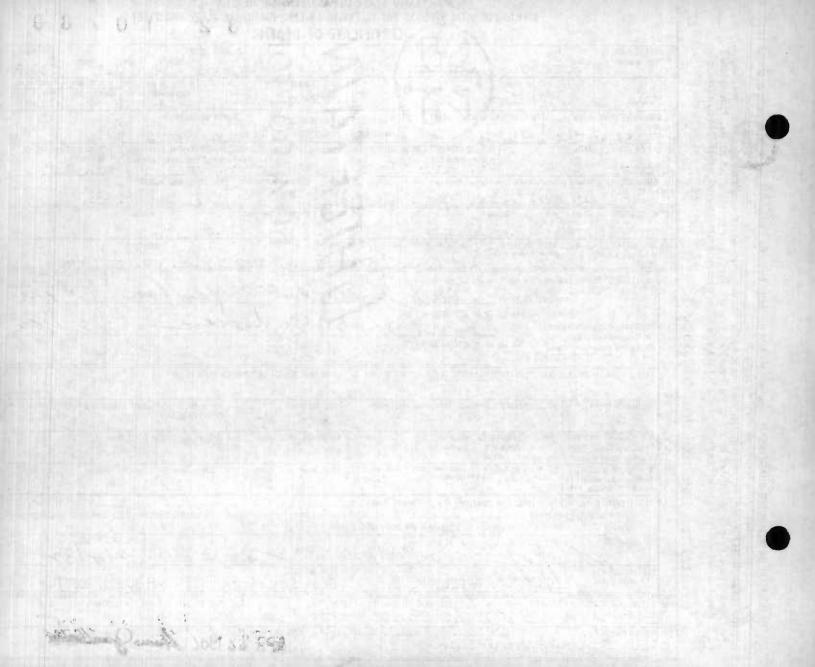
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Marlboro (P.G. Trinity Cometery Upper 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

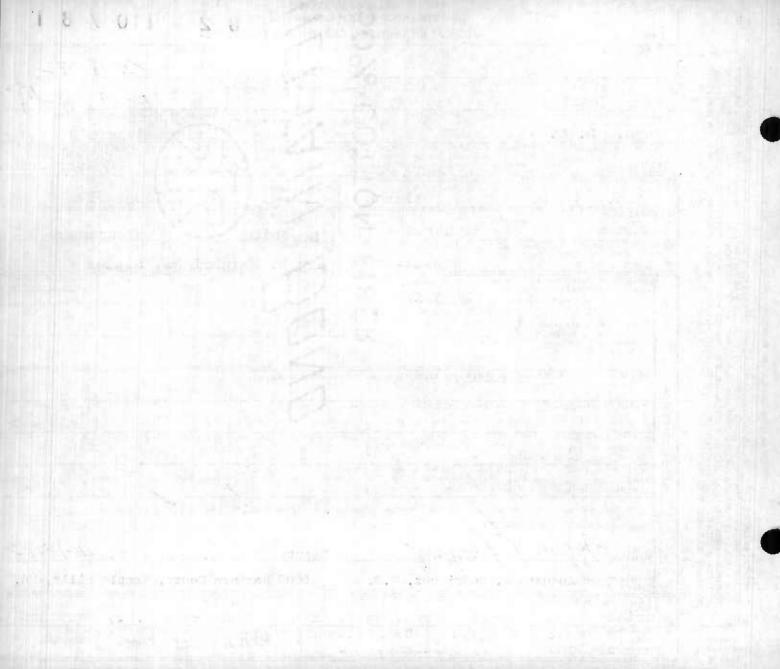
P V V O H M S & B for not fore ; ..... figures edition of many Landyrd L. U. J. brulyrd in inching the state of the sta Chever! denvland in.deo's lladons den de de 5023 Annapolis Loss To nois Joseph Worldon -- Friends -- Friends de de de la contraction de la contracti lolud deribored Prate of Clare LUGATE STEAM . Charles sorte perturbe Internation organic memory of grown megh, which 1/4/4 CM WHERE IND IN THE SING GREEN BY COM INCHANTED 4/3/62 Telefor General Tresport Sining 1 53/8/4 High ri. . Dalamen -Organ w riggers, which is the riggers of the constant and the constant co

1 0			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	0 7 8 0
- 24	1. D	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
after death.	(	Type or print) Norma	an Carlton	Richards	April Month	1982 1:30A
fund 1 o l	3. S		4. RACE	S. DATE OF BIRTH	6 AGF (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
offer be fur ges l affer		Male	Black	October 4,	1 415 6 3	MONTHS DAYS HOURS MIN
S S S S S		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	2-1
E = 250	COU	mtry) Massachusetts	U.S.A.	WIDOWED DIVORCED	Prince George	м.
Mage		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
がある		heverly	give street oddress) 6007 State St	during m	ast of working life, even if retired.)	Fed. Gov't.
Carbon Will			ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	tographer  13e. STREET AND NUMBER	rea. Gov L.
camplere ave carb	odm	ission) STATE Maryland	101 COUNTY		□ 6007 State St	treet.
execut ind cam remave	14.	FATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN NAME		Lost
and and and	1	Norman	J. Richards	Ethel	High	11
ate iciar leas and	160	. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT	Address	
physician phase parage		(es, na, or unknown) (If yes give v	var or dates of service) 029-16-02	10 Dorothy E. Rich	nards, wife, same	as above
cer The may		1B. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).			APPROXIMATE INTERVAL     BETWEEN OMBET AND DEATH
he death ce attending p permit. The fian, or remo		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (6) Runto	masearchal	infantin	1 knu
affer on, o		4100	DUE TO, OR AS A CONSEQUENCE OF	10		1
the the position of the positi		Canditions, if any, which gave		my moles 1	sekre	15 yeu
ss that the dea ician. bd by the atten Il-transit permit II, cremation, or		rise to immediate cause (a), stating the underlying cause(	DUE TO, OR AS A CONSEQUENCE OF			0/
quires the physician. signed by burial-transurial, creit app		lost.	(c)			
PHYSICIAN: The law requires that the death certificate be execute e hospital ar attending physician. his certificate has been signed by the attending physician and camp stached far use as the burial-transit permit. Then please remave compart to be to attend the prior to burial, cremation, or remaval, and many every notified and approved.		PART 2. OTHER SIGNIFICANT COI	NOITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
ding the the	NO	10 - DATE OF OPERATION   101	CONDITION FOR WHILE OPERATION WAS DE	DEODMED 00- ALIXADEVO	TOOL IF MEET THEN THEN TO	CONCIDENCE IN CERTIFYING
SICIAN: The la spital ar attend errificate has bu ed far use as af Health prio	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFFING
E P P P P P P P P P P P P P P P P P P P	ERT	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	YES NO		2.3
rsician: ospital ar tertificate hed far us tailealt and to tailealt notif		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Doy Yeor	ZIC. HOW INJURY OCCURRED (ENTE	er nature of injury in Part 1 or Part 2	, ITEM 18.)
Sic Spit	MEDICAL	(If either, natify medical exami 21d. INJURY OCCURRED 21e.		TORY VIOLATION CALL OF DED. NO.	City on Town	County State
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exergage 4 may be retained by the hospital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and codirector, page 3 shauld be detached for use as the burial-transit permit. Then please remained the filed with the State Dept of Health prior to burial, cremation, or remaval, and many Medical Examiner notified and approved.		While Not while of work	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. No	o. City or Town	County State
NG V the ter de d			is hospital) attended the decease	ed from, 19	, ta, 1	9, that (I) (we) las
O HOSPITAL OR ATTENDING PHY Page 4 may be retained by the his O FUNERAL DIRECTOR: After this director, page 3 shauld be detact should be filed with the State Dep		saw the deceased a	live anl e, (I) (we) (did) (did not) view the	9 and that in (my) (aur) ap	inion deoth occurred on the	dote and hour ond from th
ATTEN retained ECTOR: / shauld with the		22b. SIGNATURE	s, (i) (we) (aid) (aid iid) view iile	William III and III an	22	c. DATE SIGNED.
OR JURE OR 3 ed w	14	1/1/	111/1	DEGREE PHYS.	MED. DIRECTOR PHYS.	41/1/22
The gas and the contract of th	1	22d. PHYSICIAN'S	JA .	22e. ADDRESS		1010
TO HOSPITAL OR Page 4 may be re TO FUNERAL DIRE director, page 3 should be filed w		MAME (Type) LEO	NARD P. APPEL, M.	D. 3231 Super	ior Lane, Bowie,	Md. 20715
MA MA	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State) Md •
O Page	E	REMOVAL (Specify) Ap	ril 16,1982 Chelte	nham Veterans' Cty	. Cheltenham,	Md.
VR A15 (4)	24.	FUNERAL DIRECTOR 7400	Georgia Ave. NW ADDWA	shington, DC 250_RECT	BY, REGISTRAR 256 REGISTRA	S IIGNATUD / T/
30M REV. 1/68	Mc	Guire Funeral	Service, Inc.	DATE	12 1982 Mann	

MAKTLAND STATE DEPAKIMENT OF HEALTH



2	6	1	FOR				MARYLAND H AND MENTAL H	IVGIENE #4	1 0 7	0 1
D	7	1-	STATE REGISTRAR	MI			CERTIFICATE	E DEATH	I U /	0
		T. DE	CEASED NAME FIRST		WIDDLE		LAST	20. DATE KNOWN		DAY YEAR Zb. HOUR
	23 05 14 28 Em 10	Van	Jose	ph	A,	Ric	nardson	OF ESTI- DEATH MATED	P11-18	1982 M
	PLEASI	1,5E)	4. RACE	S. DATE OF BIRTH	6. AGE (1	YEARS IF U	NDER 1 YR. IF UNDER		MONTH E	DAY YEAR 24 HOUR
	O S O S O S O S O S O S O S O S O S O S	M	ale White	Oct 1		YRS. MON	THS DAYS HOURS	MIN PRONOUNCED DEAD	4-19	1827 AM
	CESSAR NITHING PRESIDENT		RTHPLACE (STATE OR PREIGN COUNTRY)		VHAT COUNTRY?	8. MARI	RIED   NEVER MARR	IED 3. BALTIMORE CIT	Y OR COUNTY	OF DEATH
	IS NECESSARY, E FUNERAL DIR E 5 FOR OLL ED, WITHING T W. PRESIDE	_	lash., D. C.		USA	WIDO	VED DIVORC	Prince	George	
			TY OR TOWN OF DEATH	(IF NOT IN SUCH	SPITAL, NURSING HO		HER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)		OR INDUSTRY
	DELAY N PAG 105, 20		Linton AL RESIDENCE (IF IN NURSING HOM		Darlene D			Carpenter	Cor	nstruction
21201	PETAIN PANDS	13a. S	TATE _   13b. COU		13c. CITY OR TOW Clint	N	13d INSIDE CITY LIMITS? YES NO D	130. STREET ADDRESS 5905 Darl	ene Dr	ive
QM C	M. 3. D. 2. D. 2. J. Z.	14. F/	ATHER'S NAME _FIRST	WIDDLE	LAST		15 MOTHER'S MAIDE	EN NAME MIDDLE		LAST
P. C.	DEATH. GES 1, M PM AND 2		James		ichardson		Eugeni	a	Rouss	seaux
AITIMORE	F PAC FOR ION (	16a A		RMED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDR		
¥	S AFTI GIVE //ITH FO PAGE		Yes		\$78-44-4	1768	Mary E.	Bainbridge,	Sister	
15	HOURS A 18. GI G WITH MIT. PA		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	ED BY.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  OULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY D. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO  IIEF MEDICAL EXAMINER ALONG WITH FORM PAR 3. RETAIN PAGES 1 AND 2 SHOULD BE FOR HEALTH AND MENTAL HYGIENE, DIVISION OPWITAL RECORDS, IAL, CREMATION, OR REMOVAL.		303 CHAMEDI	VIE CUOSE (0)	ETHYLISM R AS A CONSEQUENT	CF OF				
0			Canditians, if any, which	h						
3	OR TRAIN		gave rise to immedia cause (a) stating the unde		R AS A CONSEQUEN	CE OF				
201	ON SAL		lying cause last.	(c)						
RECORDS	D BE EXECTED BY BE BE BY	N N	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE I	ERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (o).		
	HOULD BE IN THE MEDINGS OF HEALTH	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH O	PERATION	VAS PERFORMED?		, [2	0 AUTOPSY?
VITAL		THE								YES D NO D
L C	E SEBES O		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY Y	EAR 21c. F	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE)	vi 18 PART 1 OR PART 2)	
NOISIAIO	THIS CERTIFIC , WRITING TH WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY (AT HOME	, 21f. LC	CATION	CITY OR TOWN	COUNTY	STATE
2	75244-	-	AT WORK AT WORK						-	JIAIL
	ATE, ORW ORW OR, P		220. I certify that I taak cha	rge of the remains d	escribed abave, held a	n Auto	osy , Inspectio	n , Inquiry ,	and in my apinio	ın
	EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR: WITH THE: AARYLAND		death resulted fram: Nat	ural causes .	Accident	Suicide [	, Hamicide .	Undetermined manner	],	
	CERT CERT DIED DIRE WARY		ACTUAL ANGLES	5 VX	, , , ,		TITLE (SPECIFY)		DATE	11 16 07
	A THE STATE OF THE		SIGNATURE	1700	nguy	/	Deputy	MEDICAL EXAMINER	SIGNED	4-19-82
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME Augu	sto P. Ro	driguez, M	.D.	ADDRESS TR	ayburn Court,	Temple	Hills, Md.
	534548 _	23a.B	URIAL, CREMATION, REMOVAL				OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	B	urial	4-23-82	Wash.			Suitland	PCI	Maryland
	DHMH - 17			E Wilhe			land 250. DATA	RECID. BY REGISTRAR 256 R	EGISTRAR'S STO	NATURE//arun
	(VR A15 ME (5)) 15M 2/80	F	uneral Home	Rd.,	Suitland	i, Md		1004	The second of the	



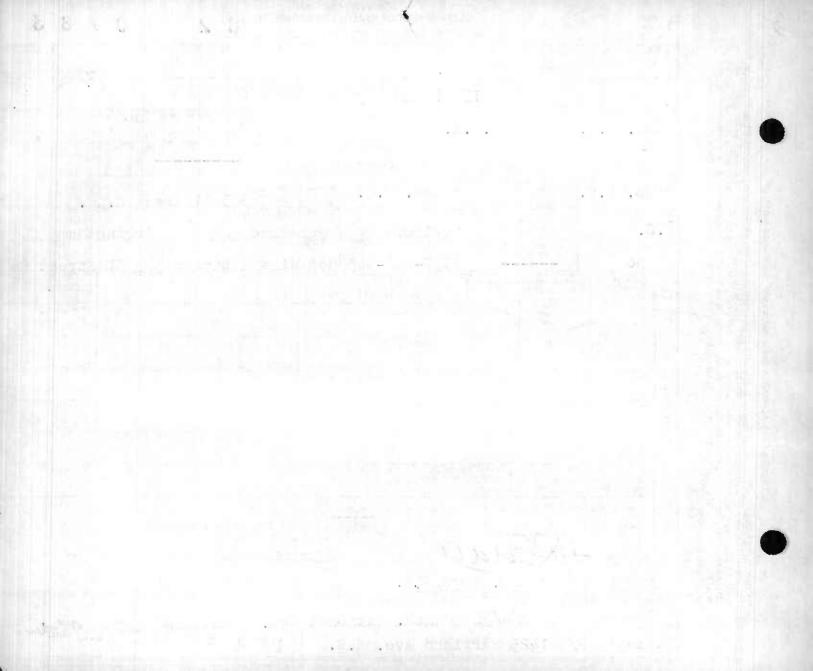
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) **EMORY** H. RILEY 22/82 3 SEX 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY Male Negro Sept. 14, 1909 72 To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED S. Carolina TISA PRINCE GEORGE'S COUNTY, MD CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) Type OF WORK FOR MOST OF WORKING LIFE)
Supervision Education CLINTON SOUTHERN MARYLAND HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE Upper Marl 13d INSIDE CITY LIMITS? 9705 Tam O Shanter Dr. Pr.Geo. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Jacob Riley Jones LAST Hagar DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 230-07-128 SAA Dorothy N. Riley APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for )o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOW COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and four and from the causes stated sow the deceased alive on\_ obeve, (1) (well (did not) view the body ofter death 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME LIVE OF PRINTS FUNE old be 22e ADDRESS DR. L. BERWA M. B 0 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Clinton Burial 4/26/82 Resurrection Cem. Pr. Geo. Md. BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Martell Adams Aquasco, Md. 20608 (VRA 15. 4)

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1	= STATE REGISTRAR	MI	EDICAL EXAMIN			E DEATLE	EG. NO.	183
	DECEASED NAME FIR	57	MIDDLE		LAST	20. DATE KNO	NN X MONTH	DAY YEAR 26 HOU
1	Wan	da	Μ.	F	Robinson	OF EST DEATH MAT	ED 4	28 19 82
3. S		5. DATE OF BIRTH	2 61 2 SHIRTHE	EARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	HTMOM	DAY YEAR 24 HOU
	emale   Blac	N	VHAT COUNTRY?	RS.		9. BALTIMORE	4	28 19 82 a.
W.	ash. D.C.	U.S		MARR	IED NEVER MARRIE	ED.X.	-	's County, M
	Laurel	Greater	OSPITAL, NURSING HOM FACILITY, GIVE STREET ADDRESS) Laurel/Belt	svill		12a USUAL OCCUPATION FOR MOST OF WORKING L	N (TYPE OF WORK	
	atsh. D.C.	OME OR OTHER INSTITUTION, ( OUNTY	I WATS PRIORITY		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 503 51 Str	eet. S.	E
	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE		3.3	LAST
	.C.		Robinson		Geradin		Arrir	ngton "
160		. ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURI		17. INFORMANT		DRESS	
	no -		1577-900-	-545	Geradine	Robinson	503 51	AStreet Se
	18 CAUSE OF DEATH (Enti-			hal E	Programou			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1 22 1 IMME	DIATE CAUSE (U)	Ruptured Tu		regnancy			
	Conditions, if any, w		R AS A CONSEQUENCE	OF				
-	gave rise to immed	diate (b)						
	cause (a) stating the <u>ur</u> lying cause last.	DUE TO, O	R AS A CONSEQUENCE	OF				The state of the s
		(c)						
Z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PAR	T 1 (a),		
ATIO	190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPE	RATION W	/AS PERFORMED?			20 AUTOPSY?
CERTIFICATION								YES XX NO []
CER	210 EXTERNAL CAUSE WA		OF INJURY M. MONTH DAY YEA	21c. H	OW INJURY OCCURRED	) LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P	
				K				
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION	CITY OF TOWN		OUBLITA
1	WHILE NOT WHILE	SIREEL. FA	CIONI, FARM, EIC.)	9 10	JINLE!	CITY OR TOWN	C	OUNTY STATE
	22a. I certify that I taak o	harae of the remains de	scribed above held	Autap	sy XX. Inspection	, Inquiry	and a con-	
				vicide			and in my o	ipinian
	decim resolved from:	Naturol causes XX,	Accident [], Si	niciae	Hamicide .	Undetermined manner	<u></u> ,	
	ACTUAL	KOLIA	D		Accietan	+ MEDICAL EXAMINER	DATE	
	SIGNATURE	John	~		I.D. /\35131dH	MEDICAL EXAMINER	SIGN	IED 4 20 02
4	EXAMINER'S NAME / H	ormez R. Gu	ard, M.D.		ADDRESS	II Penn Stre	eet	
23 o.	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CE	METERY C	R CREMATORY	23d. LOCATION CITY OF TOWN	col	UNTY STATE
	Burial	5/4/82	Wash.	Vatio	onal Cem	Suit + I and	-	- Alld
	FUNERAL DIRECTOR	4 1 O = ADDRE			250. DATER	EC'D. BY REGISTRAN	REGISTRAR	Jarthen .
D	udTey's F/H	1425 Mar	y Land Ave.	. N.	E. MA	4 1982 C	conces >	
_						<del>-</del>		



	1-	FOR STATE REGISTRAR			STATE OF EPARTMENT OF HEALT ICAL EXAMINER'S		OF DEATH	I O	7 8 4
		CEASED NAME DE OR PRINT)	FIRST J &	IMES	Michael  6. AGE (IN YEARS) IF U		T. DEATH M.		8° 19 82 /
	7- 0	male	white	March 7		THS DAYS HOURS	MIN. PRONOUNCE DEAD	4	8 19 82 2:52
2 CAMPERS	Ë	ngland		U.S.A.	WIDO	RIED NEVER MARK	CED Prince		County ME
DELAY IS TO THE P N PAGE BE FILED		Chever 1	y	Prince G	ITAL, NURSING HOME, OR OT LITY, GIVE STREET ADDRESS) GEORGE County   RESIDENCE BEFORE ADMISSION)		12a USUAL OCCUPAT FOR MOST OF WORKING Student	ION (TYPE OF WORK 3 LIFE)	Public Sch
AND 3 RETAIN RECORD	Ma	ryland	Tha a	rles	POMFTET	13d. INSIDE CITY LIMITS? YES NO		× 261	i.
REALTIMORE, MD REALTIMORE, MD SIGNE PAGES 1, 2 WITH FORM PM 3 I. PAGES 1 AND 2 DIVISION OF UTA		James			Romano, Sr.	15. MOTHER'S MAID	le B.		folo
URS AFTER DEA B. GIVE PAGES WITH FORM F T. PAGES I AN DIVISION OF	16a. V	VAS DECEASED I ES, NO, OR UNKNOW! NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO. 142-46-8640	James M.	. Romano,	Sr. sam	e as 13
, 201 W. PRESTON ST CUTED WITHIN 24 HOV IN PENCIL IN ITEM 18 EXAMINER ALONG FIXIL - PERMIT ID MENTAL HYGIENE, ION, OR REMOVAL.	7	Candifions, gave rise cause (a) st lying cause	IMMEDIA  II any, which to immediate tating the under-	TE CAUSE (a) P  DUE TO, OR A  (b) DUE TO, OR A	S A CONSEQUENCE OF				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECORDS, 201 SHOULD BE EXECUTED ORD "PENDING" IN F CHIEF MEDICAL EXA EX AS A BURIAL. TO F HEALTH AND MA SURIAL, CREMATION,	CERTIFICATION	19a DATE OF C	PERATION	196 CONDITIO	T NOT RELATED TO THE TERMINAL DISEA	WAS PERFORMED?		1)	20. AUTOPSY?  YES  NO
DIVISION OF VITAL REG THIS CRTIFICATE SHOULD I WARDED TO THE CHIEF WAS AGES 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 21201 PRIOR TO BUSING.	MEDICAL CE	216 EXTERNAL UNDERLYING CONTRIBUTION 216 INJURY OC WHILE AT WORK	OR CAUSE OF	DEATH 1:22PM	MONTH DAY YEAR 4/8 1982 dr	river in au	ED (ENTER NATURE OF INJURY ITO/fixed ob	ject coll	
KAMNER: 1 ERTIFICATE, D BE FORW, D RECTOR: P WITH THE ST ARYLAND,		death resulted	from: York	ge al the remains descr	Accident XX, Suicide	Psy XX Inspection Homicide TITLE (SPECIFY) ADASSISTANT	Undetermined manne	DATE	
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL AFTER DEATH, D. BALTIMORE, M.	230 B	EXAMINER'S N. (TYPE OR PRINT URIAL, CREMATK	)		Z R. Guard, M.D.		Penn Street,	Balto.,M	ID 21201
BP	8	FECHY BL		4-12-82	St. Joseph	's Cem.	Fomfret,		41
DHMH - 17 (VR A15 ME (5))				Home, Wa	ldorf, Maryl	and APR	REC'D. BY REGISTRAR	Tune Jan	7/12/2

of Anti-t decide \_mnland u.S.A. . Hos ables sen. repyland Lasiles | Louise THE ME TO X Junes Highliel Horano, St. Karrolle a. Uhranicle The tree, to agency to be on the part of t Auto-82 St. Josephie Lea. Prifest, Drables, Nd. Auctt caneral nome, saldorf, Nerviend Licenter

FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		2 REG. N		0	7
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE	OF DEATH	MONTH	DAY	YEAR
(TYPE OR PRINT)		DOMESTIN		mil 10	705	20	

		REGISTRAR				CENTII	ICAIL OF DEAT	TI .	RI	EG. NO.			
		CEASED NAME	FIRST	,	MIDDLE		AST		20 DATE OF DEA		DAY YEAR	2h HOUR	-
			vid		S.	ROTE	ISTEIN		April	10, 198	32	6:30 p	٨
	3. SE	X		4 RACE		5. DATE C			6. AGE (IN YEARS I	AST BIRTHDAY)	MUNDER I YEAR		_
		Male		White		May		AR		86 <sub>YRS</sub>	MONTHS DAYS	HOURS MIN	
0		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIE		9. BALTIMORE C				Ī
1		ew York		U.S.A		WIDOWE	Tal pa		PRINC	CE GEOR	GE'S	M	4.
2 0		TY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTIO	based	120 USUAL OCC	UPATION	12b. KIND	OF BUSINESS O	-
3	L	ANHAM		DOCTORS	HOSPIT	AL OF	PR. GEO.	co.	Ret.	Denta	Tech	•	
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de		Md.		Geo.	Mt.Rai		YES NO	_			ell Av	enue	
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	ENNAM	\E	7000		1	-
6		Phili	n	MIDDLE	Rothste	in	Ida		MIC	DLE	Lipov:	itz	
1		VAS DECEASED EVE	R IN U.S. AR		166 SOCIAL SECU		17 INFORMANT		- 1	ADDRESS		me as	-
		Yes NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	086-05-	6734	A LON R	oth	stein (	Wife)		ove	
	Yes WW I 086-05-6734A Lou Rothstein  18 CAUSE OF DEATH (Enter only one couse per line fag (a), (b), and (c)											XIMATE INTERVAL NONSET AND DEATH	=
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Landro millioning Arrest									BELWEEN	ONSET AND DEATH	-
													-
	7	Canditions, if any, which									9		
		gove rise to in	nmediate	(0)	V = 10 00			1					-
		underlying cou	9	DUE TO, OF	r as a conseque	NCEOF							
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	Z O		10.00	in Ko	elto	hu	Le	IL ILKAIN	TAL DISEASE ON	CONDITION	IAEIA HALWKI I	10	
	AT	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY	20b. IF Y	ES, WERE FIND	INGS USED	-
1	표								YES T NO	-3.7	TIFYING CAUSE	S OF DEATH?	
0	CERTIFICATION	210. ACCIDENT WAS U	NDERLYING [	216 TIME O			21c. HOW INJURY C	OCCURRE					-
1		OR CONTRIBUTING	,		M. MONTH DA		314						
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		22b. SIGNATURE	(did) (did no	t) view the body	ofter death.		DEGREE					E SIGNED	_
	1	V	1	nf &	dle.		MY TO ATTEND		MEDICAL	STAFF			
_		22d. PHYSICIANS	NAME (TYPE C	R PRINT)			22e ADDRESS	IAN IX	DIRECTOR   P	HYSICIAN	4/1	1/82	_
1		//	,				The Moderness						

Jaswinder S. Sidhu, M.D. 236 DATE

NaITey's

F.H.Inc.

23a. BURIAL, CREMATION, REMOVAL ISPECIETY

Cremation
24 FUNERAL DIRECTOR 23c. NAME OF CEMETERY OR CREMATORY 4-13-82 Ft. Lincoln Cem.

Mt. Rainier, Md.

Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

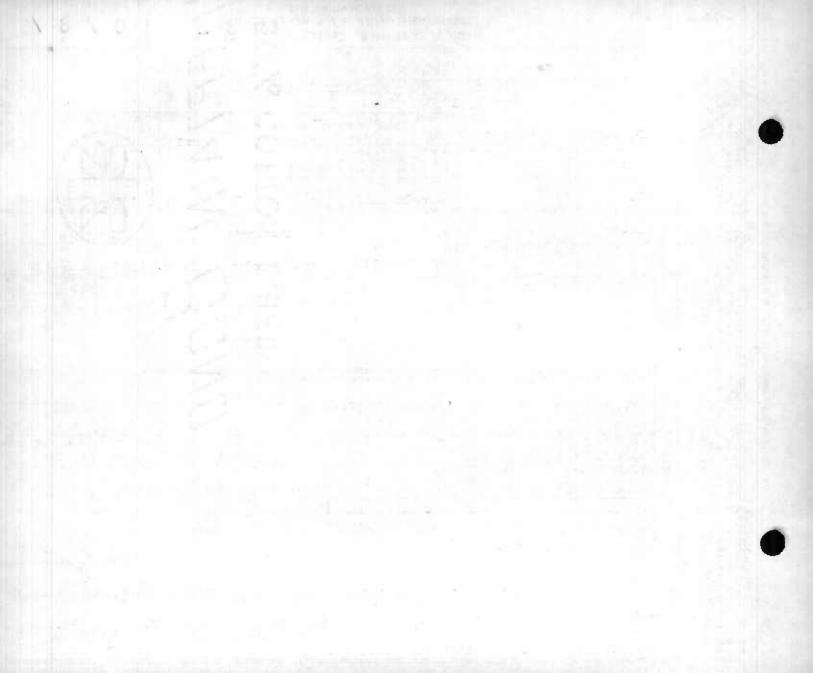
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10	1-	FOR STATE REGISTRAR					AND MENTAL	13	2	1 0	18	7
R. FILES. HOURS STREET,	1. DE	CEASED NAME	Jeffery		Louis		Rowe		DATE KNOWN OF ESTI- DEATH MATED	HTHOM XX	DAY YEAR	26 HOUR
	3. SE)	4. R		DATE OF BIRTH	YEAR LAST	BIRTHDAY) MONT	NDER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE DNOUNCED DEAD	MONTH 4	3 19 82 DAY YEAR 3 19 8	2d HOUR 2 1:16
7	FC	RTHPLACE (STATE OF REIGH COUNTRY)  D. C.  TY OR TOWN OF D	DR 7	b. CITIZEN OF WH	AT COUNTRY?	8. MARR	IEDXX NEVER MAR	CED	Prince	Georg	TY OF DEATH	AM v MD.
AL RECORDS, 201 W.	C	heverly			e George	Genera	1 Hospital	FOR MOST	OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	0R INDUST	RY
35 3E	13a. S	AL RESIDENCE IN IN	13b. COUNTY		13t. CITY OR TO Temple	DMISSION) WN Hill	13d INSIDE CITY LIMITS? YES X NO	13e. STREET 6010	ADDRESS S. Gat	e Driv	e'	
1/06	14. FA	Walter		MIDDLE	we LAST		15. MOTHER'S MAID FIRST Ger	trude	MIDDLE	Th	ornton	
DIVISION OF VITAL	16a. V	VAS DECEASED EV ES, NO, OR UNKNOWN)	ER IN U.S. ARME	D FORCES?	166. SOCIAL SE		17 INFORMANT		ADDR			
VISIC	1	10			579-70	-2146	Mrs. Ca:	rolyn A	. Rowe/	wife/s	ame as 1	L3e
IL, CREMATION, OR REMOVAL.	)	8 16 2 Canditians, i	f any, which a immediate ing the <u>under</u> -	CAUSE (a)	Multiple AS A CONSEQUE AS A CONSEQUE	NCE OF	es			2	8FTWEEN ONSE	
REMAIN	NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS <u>CO</u>	NTRIBUTING TO DEATH B	UT NOT RELATED TO TH	IE TERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 in				
) —	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH	OPERATION V	/AS PERFORMED?			8	20 AUTOPSY	? NO []
200	MEDICAL CER	210 EXTERNAL CA UNDERLYING CONTRIBUTING [ 214 INJURY OCCU	OR CAUSE OF DE	ATH 12:30/	MONTH DAY	82 Dri	ow injury occurr ver of mot				RT 2)	over-
2, 21201 PRIOR TO BURIAL, C	MED		OT WHILE A		DRY FARM ETC 1		street 5 at OldSi	lverHi	I 1Rd, Mar	·lowHgt	S,PGCo,	MD STATE
H, WITH THE S. MARYLAND,		22a. I certify the death resulted fro	10000	of the remains desc	ribed above, held	Suicide Suicide	Hamicide .		nquiry ,	and in my ap	pinian	
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE	JAC.	ona	10	^	A.D. Assista	nt MEDICA	LEXAMINER	DATE	4/4/8	2
FO FUN	23- 6	EXAMINER'S NAM (TYPE OR PRINT) JRIAL, CREMATION			R. Guard		ADDRESS 111	Penn St		lto,MD	21201	
- 40	В	pecify) urial	A, KEMOVAL 736.	4-8-82			ortal Park	CITY OR TO	NWO	coul		TATE
- 17 NE (5) )	24_F	Ohn T. R					25a. DA	REPO BY RE	Landove:	54 STRAP	Md.	o ye
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STATE OF MARYLAND



STATE OF MARYLAND

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	STATE OF MARYLAND	
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2
REGISTRAR	CERTIFICATE OF DEATH	-

Trangge Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

								REG. NO.			0.00		
	CEASED NAME	FIRST		MIDDLE	=	LAST	2a. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR	0	
3	S	tanley		1.		SANDERS		04	03	82	5:00	M	
3. SE	X		RACE			OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UI	NDER 1 YEAR	IF UNDER 24 HI	RS	
1	Male		White		Nov	28° 1908	73		RS. MONI	IHS BATS	HOURS MI	N.	
	IRTHPLACE (STATE OR	FOREIGN 1	6 CITIZEN OF	WHAT COU	VTRY? 8	- O MENTO MADDIED	9 BALTIMORE			DEATH		_	
	Maryland		U.S.A		WIDOW	ED NEVER MARRIED	DOTALCE	GEORGE	'S C	CUNT	1	MD.	
10. C	ITY OR TOWN OF DEA	ATH	1. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCC		1	21Garso C	OF BUSINESS (		
	CHEVERLY		PRINCE	GEORG	E'S GEN	ERAL HOSPITAL	Owner	MOST OF WORK	NG LIFE)	Stat	ion		
USU.	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION				10.7		2011		
	daryland	Princ	e Geo.	Hwa+	tsville	YES TO NO	13e. STREET ADD	42nd A	venu	9			
-	THER'S NAME		c aco.	myac	CBVIIIE	15 MOTHER'S MAIDEN N						_	
0	harles	W	Sa	nders	12	Anna	M	IDDLE	R	LAS	STT		
	VAS DECEASED EVER	IN U.S. ARM			SECURITY NO.	17 INFORMANT	5905 42	ADDRESS	Bens	son		_	
	YES, NO OR UNKNOWN)		WAR OR DATES)		OOOO TEHU AVEHUE								
_	Noy Sanders nyattsville, Maryland												
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY:  ALL TO LANGE (a)  ALL TO LANGE (a)										ONSET AND PEAT	Н	
	IMMEDIATE CAUSE (6)										214		
	4100 DUE TO, OR AS, A CONSEQUENCE OF												
100	Conditions, if ony, which (b) Aslerio relevolic Carro - Vate, Niseau.								4	chry			
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									/			
	underlying cause lost.  (c)												
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I								N PART 10	01			
FICATION	Chro	rie de	Gher	カンレ	Puller	deally is deal	re						
3	19a. DATE OF OPERA	TION	196. CONDI	TION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED						
E							YES NOT YES NO NO						
CERTI	210. ACCIDENT WAS UNI		216. TIME O		I DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEA	A 18 PART I	OR PART 2)			
¥	OR CONTRIBUTING [ ]		H HOOK A.I		DAY YEAR								
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION						_	
₹	WHILE NOT WE	TILE	(AT HOME, STR	EET, FACTORY, C	OFFICE, FARM, ETC )	STREET	Ci	Y OR TOWN		COUNTY	STATE		
	22a.1 certify that (I)		attended the	derensed (	rom	1060	7- 12-14	200/ 3	10	PL	45 - 11 - 1 - 1 I		
0	saw the decease	ed alive an_	4	3	121 -	nd that in (my) (aur) apinior	deoth accurred or	the date and	hour one		that (I) (we) li	DST	
	abave, (I) (we) (c	did) (did not)	view the bady	ofter death.		DEGREE				22c DATE			
	101	NA	H.		7	ATTENDING	MEDICAL	STAFF		III DATE	1/ 12		
	22d. PHYSICIAN'S N	AME ITYPE OR	un			PHYSICIAN	DIRECTOR []	PHYSICIAN [		9-	7-72	-	
	A 3 . A 4	ALVIE (TYPE OR	^		01/1	22e ADDRESS	0.11	1 1	/		11		
	KUNGLI	S.FL	E1501	HER,	17.11	1411001083	> 1001 M	4A71	VIL	·LE	14/0/		
	SURIAL, CREMATION,	REMOVAL	23b. DATE		1	CEMETERY OR CREMATORY	23d. LOCATIO			UNIY	STATE		
B	urial		4/8/82		Ft. Li	ncoln Cemeter	y Brenty				wland		

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other troumotic event, the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Control of the contro card con a mar langua, causa los de la constitución de la constitución de la constitución de la constitución de STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DE	AIH		REG. NO.		
		CEASED NAME FIRST	WIDGIE	L	AST		20 DATE OF DE		DAY YEAR	25 HOUR
	11112	Otto	Paul	Scheu	ngrab	8311	April	17.	1982	10:25 M
	3 SEX	X	4 RACE	S. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Caucasian	Jan		1911	71	YRS	MONTHS BAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	VTRY? 8	D NEVER MA	4 DDUED	9. BALTIMORE			
5		nnsylvania	U.S.A.	WIDOWE		ORCED 🛪	Prin	ce Geo:	roe	MD
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTIT	TUTION	120 USUAL OCC			OF BUSINESS OR
6	C	linton		Md. Hos	pital	Cente		enter	Cons	tuction
1	JSUA I3a S	AL RESIDENCE (IF NURS COURS COURS COURS	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CIT	V I IMAITCO	13e. STREET ADD	DECC	194	
2	Ma	rvland St.		nicsvil		NO K		ox 293	4,	
3	14_FA	THER'S NAME	MIDOLE LA		15. MOTHER'S					
O		losenh	Scheun		Rose	RST D		, acs	Shlag	
~	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMAN			ADDRESS Rt		ox 228
2	(4	(IF YES, GIV	VE WAR OR DATES) 216-	05-136	David	1 P. S	Scheung	rab u	aldorf	. Ma.
	TION	Conditions, if ony, which gove rise to immediate cause to, stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DBY: TE CAUSE (0) CAYO  DUE TO, OR AS A CON  (b) HUB  DUE TO, OR AS A CON  (c) CONDITIONS CONTRIBUTION  WHEN YOU BL	SEQUENCE OF SEQUENCE OF YCINOM G TO DEATH BUT WING	not related to	ings othe term	inal disease oi	r condition (	BETWEEN	KIMATE INTERVAL ONSET AND DEATH
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFOR	MED	YES NO	IN CER	YES, WERE FIND IN TIFYING CAUSES YES [	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED  WHILE NOT WHILE		19	211 LOCATION STREET	100	ED (ENTER NATURE	OF INJURY IN ITEM 1	B PART I OR PART 2}  COUNTY	STATE
		220.1 certify that (I) (this haspi	7. 14	19 <b>8</b> 2 , on	DEGREE	TENDING _	MEDICAL	of the date and h	22c. DATE	SIGNED
		INVI		1'	* - P	112 CIAN X	DIRECTOR	PHYSICIAN		

shauld be detached for use as with the State Dept. af Health MPORTANT: If He Rath

Burial

231. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Peter's Cem.

Maryland
ORY 23d LOCATION
CHYOR TOWN CHYOR TOWN CHYOR TOWN CHYOR TOWN CHYOR TOWN CHARLES AND CHARLES A

24 FUNERAL DIRECTOR

Huntt Funeral Home, Waldorf, Maryland

4-20-82

DHMH - 16 50M 1/81 (VRA 15, 4)

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Hette Paul General April 17, 1985

Hale Generaten Jan. 78, fert 74

Ennsvivonta U.S.R. × Erinde Grorous

Glinson Seuthern Md. Mospital Lenter Gerpanter Gubnetuntikon

January Services Schemicsville X 1.1. 19x 293 1945

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4-16-82 4-17-82 1.01ath MD. 3

G. Shapker outh drawlend . Rorylend

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Huntz Funeral Home, Walderf, Feryland

RETURN GERMAN ESTA Esurel | Service ter Jun 1-3 fee 111 | 04 | 12 ocur | Mincrel District Co STUDIO 22 0 ttp 'chilit 7530 Fors Iv . Laurel, pl . and indicate page and the special community of the special communi lored land Bunerel Money, Laurel, up

<b>/</b>		OR			DEPARTMENT		MARYLAND H AND MENTAI	L HYGIEN	<b>E</b>			
3	STATE REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REG. NO. 7							0 7	9 4
		EASED NAM	F FIRST		MIDDLE		LAST		O. DATE KNOW		H DAY Y	YEAR Zb. HOUR
CESSARY, PLEASE AL DIRECTOR TOUR FILES NY 72 HOURS ESTON STREET.		OR PRINT)	ALVI	N	V	\$0	OTT		OF ESTI-			82 M
	3. SEX		4. RACE	S. DATE OF BIRTH	YEAR LAST	E (IN YEARS   IF U	NDER 1 YR. IF UND		C. DATE	MONT	H DAY	YEAR 24 HOUR
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100000	10. C1	Y OR TOWN	OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING ACILITY, GIVE STREET AD	DRESS)	Herinstitution Hospital	FOR M	ALOCCUPATION OST OF WORKING LIFE In. As	E)	OR INC	DF BUSINESS DUSTRY
21201 AANY DE AAND 3 T RETAIN HOULD B PECORD	13a. S1	ATE	IF IN NURSING HOME COUN	OR OTHER INSTITUTION O	131. CITY OR TO	ADMISSION)	13d. INSIDE CITY LIMITS	13e. STRE	ET ADDRESS		Desire	
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BALTIMORE, MD. S. AFTER DEATH. #6 GIVE PAGES 1.2. ### FORM. PM.3. ### FORM. PM.3. ###################################	14. FA	ALVI		V. Se	cott, Si	r.	Eva	IDEN NAME	MIDDLE	Fais	on (AST	
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ATE, W ATE, W CORWA OR: PAC HE STAT	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE IT		OF INJURY (AT HE CTORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN		COUNTY	STATE
			fy that I taak charg					tion X,	Inquiry X	and in my	opinjon	
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE 1 TO FUNERAL DIRECT AFTER DEATH, WITH I BAUTMORE, MARYLA		EXAMINER'S (TYPE OR PRI	NAME AUG	usto P. F	odriguez	M.D.	ADDRESS 5009	Raybu	rn Ct.,	Camp S	prings	, Md.
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			18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY:	PAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST	STON IN 24 N ITEA ALON HYGIEN AL.		MMEDIATE CAUSE (a). GUN SHOT WOUND OF THE HEAR	
510		19	DUE TO, OR AS A CONSEQUENCE OF	WE FOR
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REC	PEN MEN HEAL	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TAL	AP. PAP	FFI	4/2/82 Gunshot wound of the head	YES NO X
DIVISION OF VIT	WOR WOR BENT	GER	216 EXTERNAL CAUSE WAS AREPROX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
NO	SE OUTE		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10:15p. 4-1-1982 SELFINFLICTED	
VISIO	CERTIFICATE STING THE WODED TO THE STANDING THE WODED TO THE STANDING BIS SHOULD BIS DEPARTMENT PRIOR TO BURI	MEDICAL	214 INTURY OCCURRED 1216 PLACE OF INTURY (ATHOME 1216 LOCATION	ITY STATE
ā	WARD WARD PAGE	2	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.)  STREET SOOG VALLEY DRIVE , CHEAPEAKE BEAR	MD 20732
	SE S		22a.   Certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my apin	ion
	L EXAMINER: E CERTIFICATE OULD BE FOR IL DIRECTOR: H, WITH THE MARYLAND, 2		death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined monner .	1
	XAN EERTI UD E DIREC WITH VRTL		A 1 (D) TITLE (SPECIFY)	
	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MARY		SIGNATURE PLANT P. THE SIGNED MEDICAL EXAMINER SIGNED	1-8-82
	MEDICAL E ECUTE THE GE 4 SHOU GE 4 SHOU FUNERAL TER DEATH, UZIMORE, MA		EXAMINER'S NA AUGUSTO P. RODRIGUEZ M.D.	
	EXECUTE PAGE TO FUR PAGE BATTER		(TYPE OR PRINT) ADDRESS U.U.S. RAYBURN GT. CAMP SPR	INGS, MD20748
	PAGE TO PAGE T	220.0	PURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 1236. LOCATION	T) C STATE
	BP	1	ONERAL DIRECTOR) — ON NOCKOROLOMBA DE DATE DE COLOR DE REGISTRAR LES DESTRAR L	INATION .
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THE REPORT OF THE PARTY OF THE The state of the s SACRED SERVICE SERVICE STREET, TO SERVICE SERV

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE = STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN MONTH (TYPE DEPENT) OF ESTI-DEATH MATED emonco IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD b. CITIZEN OF WHAT COUNTRY? TA BIRTHPLACE ISTATE OF 9. BALLIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY WIDOWED [ DIVORCED Maryland NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Grounds Keeper Cemetery JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDE 13a. STATE 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO 0 4905 Naples Avenue Beltsville YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pumphrev Semonco Blanche ADDRESS 4905 Naples Ave WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-84-3143 Semonco, Sr. Beltsville, John 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 1% DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 NO AT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME Ta FACTORY, FARM, ETC.) AT WORK AT WORK FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held on Inspection and in my opinian X death resulted from: Natural causes Accident Hamicide Undetermined manner PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, N 4/3/1982 MEDICAL EXAMINER EXAMINER'S NAME Augusto P . Rodriguez. M.D. ADDRESS 5009 Rayburn Ct., Temple Hills. Md. 230 BURIAL, CREMATION, REMOVAL 235. DATE 23d LOCATION Lincoln Cemetery Maryland Brentwood, P.O. Box 7428 To. DATE REC'D. BY REGISTRAR 24 FUNERAL DIREC **DHMH-17** APR (VR A15 ME (5)) Warner Pumphrev Inc. Sil Spr 15M 2/80

Bullowife 496 Walte to me 9 C 4-3 V Self reflected from the the hours to be a filled the Esta Productify gradual APR 7 898 Thomas Van Thathan

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the future of should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed —thin 77

MPORTANT: If hem 21 is marked ar Item 18 shaws any injury, or other traumotic event, the should be detached for use as the buriol-transit permit. Their please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR CEASED NAME E OR PRINT)	FIRST		DANIEL		ast SHAW	REG. N 20. DATE OF DEATH	APRIL "		2b. HC	
3 SEX	X	JAME	1. RACE	DANIEL	5. DATE C		6. AGE (IN YEARS LAST BI	04-1	5-82	1:3	
	MALE		BLAC	K		1, 1911 YEAR	70		ONTHS DAY	5 HOURS	T
₹å. BII	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF US	WHAT COUNTRY?	MARRIE WIDOVE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF			Υ	
	ITY OR TOWN OF DEA	TH	(IF NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	RAL HOSPITAL	120 USUAL OCCUPAT			OF BUSIN	VE
13a. S	AL RESIDENCE (IF NURS	13b PG	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	E ADMISSION)	Se INSIDE CITY LIMITS?	130. STREET ADDRESS.	KEATIN	3 S'	PREET	
14 FA	ATHER'S NAME TUNKNOW	N	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME	SHAW		LAST	
16a W	WAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDR	RESS	PACT M	a em	
	PART I. DEATH W	H (Enter on AS CAUSE IMMEDIAT Which	Ď BY: E CAUSE (o)	fine far (a), (b), on  CANCER ( R AS A CONSEQUE	OF LIV	MARY C. MASO				T DI	_
ATION	18 CAUSE OF DEATI PART I. DEATH W Canditions, if any, gave rise to imm couse (o), statin underlying cause	H (Enter on AS CAUSE IMMEDIAT Which necliate g the lost.	ly ane cause per D BY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c) CONDITIONS CC	Inne far (a), (b), on  CANCER ( R AS A CONSEOUR R AS A CONSEOUR	OF LIVENCE OF		IS TO THE H	FART  NOTITION GIVE  1206. IF YES,	APPRI BETWEE	DXIMATE INT N ONSET AN	EE
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DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR ALEXANDER S. POPE 2617 PENNSYLVANIA AVE S.EAPR 21

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1	FOR STATE		DEPARTMENT OF HEALT		- 13	10798
17	REGISTRAR DECEASED NAME F TYPE OR PRINT)	ETCILLE	DICAL EXAMINER'S LOUISE	LAST	20. DATE KNOWN X	MONTH DAY YEAR 26 HOUR
N STREET,	ET.	5. DATE OF BIRTH	6. AGE I'M YEARS IF U	SHERMAN INDER 1 YR. IF UNDER	DEATH MATED	4 18 19 82 M MONTH DAY YEAR 24 HOUR
79	emale White BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WE	1926 55 YRS.	RIED ANEVER MARR	DEAD  9. BALTIMORE CITY O	4 18 19 82 7p M
3 10.	VIRGINIA CITY OR TOWN OF DEATH Riverdale	11. NAME OF HOS	U.S.A. WIDOWED DIVORCED Prince Geor  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Leland Hosp. (DOA)  120. USUAL OCCUPATION TYPEC (OF MOST OF WORKING LIFE) HOME MAKET			
	UAL RESIDENCE (IF IN NURSING			13d. INSIDE CITY LIMITS?	112- CIREET ADDRESS	th Place
2	FATHER'S NAME FIRST August	MIDDLE	Carpenter	IS. MOTHER'S MAIDEN NAME		
160.	СИ	S. ARMED FORCES? ES, GIVE WAR OR DATES) There only one cause per line	166. SOCIAL SECURITY NO. 579-28-4098	Samuel J	Sherman (ab	
JRIAI, CREMATION, OR REMOVAL.		which ediate under- DUE TO, OR (c)	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  RUT NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PA	RT 1 (a).	
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			MONTH DAY YEAR	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18	
MEDICAL	218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		ORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
	deoth resulted fram:	charge of the remains des	cribed obove, held an Auto Accident , Suicide		Undetermined monner ,	DATE 4-19-82
BALTIMORE, MARYLAND, 2	EXAMINER'S NAME (TYPE OR PRINT)	Ann M. Dixo	n, M.D.	1917.2	<u>'</u> medicalexaminer Penn St., Balto	SIGNED T 19 02
	BURIAL, CREMATION, REMO (SPECEDUPIAL FUNERAL DIRECTOR-	4/21/19		n Cem.	23d LOCATION CITYORTOWN Brentwood RECD. BY REGISTRA . 125b REG	county state Pr. Geo. Md.
17	FUNERAL DIRECTOR 11e	y's F. HADDRESS	Mt.Rainier.	250. DATE	לא המסד כי פספ	

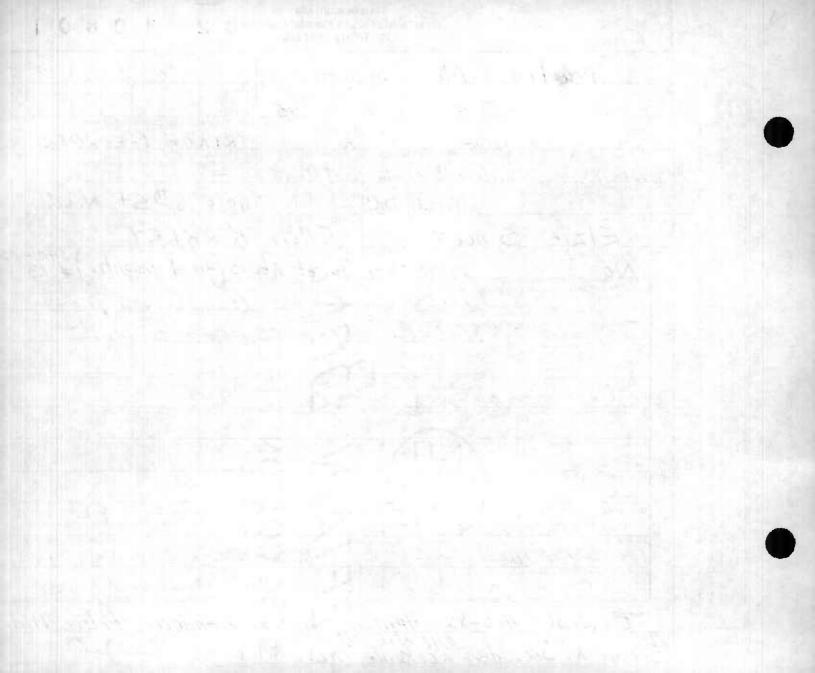
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	REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		2s. DATE OF	REG. NO	MONTH	DAY YEAR	2b. HOUR
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13a S1	TATE	13b COUN	OR OTHER INSTITUTION, G	13c. CITY OR TOW	AISSION)	13d. INSIDE CITY L		STREET ADDR		. 11		
-	THER'S NAME	P.	-G-	Beltsvil	lle	YES NOTHER'S			46th.	Ave.	Apt-10	5
	nest		MIDDLE	Shields.	Cm	FIRST		MME	MIDOLE	- 3	LAST	
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	s, no, or unknown		etnam	212-68-6	5007	Lynn S	hield	5	Belts		Mary	
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	LATTRICE LARGES RESPONDED SONTON
Harris Land Branch	
	M. J. B. Harry Chr. etc. 20 June 127

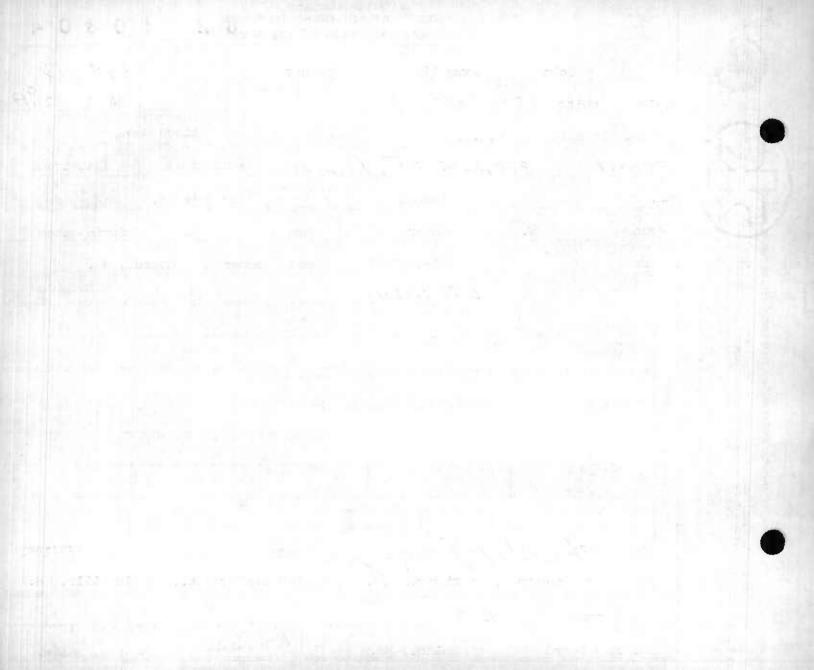
3	1	. STATE OF MARYLAND
	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 0 8 0 1
of h		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR CORPRINT)
	3. SE	
		RITHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARPHED NEVER MARPHED 9 BALTIMORE CITY OF COUNTY OF DEATH
funers thin 72		Ua 4.5A. WIDOWED DIVORCED   PRO-NCE GEORGES MD.
by the filed w	CI	INTON CONUMISSION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
filled in rould be	130	AL RESIDENCE (IF NUR IN COUNTY OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  13c STREET ADDRESS \$\$54, N.W.  WASh, D.C YES \( \text{NS IDENCITY LIMITS?} \)  48 / 8 8 5 4, N.W.
impletely and 2 sh	14 F	ATHER'S NAME  FIRST  SMOOTHST  SMOTHER'S MAIDEN NAME  FIRST  FIRST  KIRKLEY  LAST
Poges 1	16a \ (	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT PEU 13 (Grand-daughter) SAME A VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  238-40-7762 A TANNET PEU 13 (Grand-daughter) # 13
d by the ottending phy ease remove carbonpo ol, cremotion, or remover or other troumatic event		18. CAUSE OF DEATH LENter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY:  HMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
n signer Then pl	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
te hos been usit permit. Giene prior shows ony i	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
s certificate has burial-transit pe Mental Hygiene Ar Item 18 shaws or Item 18 shaws		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
the and and ked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  AT WORK AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
TOR: for us of He		220.1 certify that (1) (this haspital) attended the deceased from 5 7 19 5 to 19 5 that (1) (we) last sow the deceased alive an above (4) (we) (did) (did not) view the body after death.
che Che Dep		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CHARACTER
FUNE FUNE buld be h the Si		22d. PHYSICIAN'S NAME (TYPE OR PRINT)  220. ADDRESS  4235 2 0 0 0 1 2 0 0 3.
BP	23a. E	BURIAL, CREMATION, REMOVAL 23B. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHY OR TOWN COUNTY GOOD STANDARD OF COUN
HMH - 16 50M 1/76 (VR A 15 (4))	24/	Neral Director Showden Rockville M. WASh. ST 250 DATE REC'D. BY REGISTRAR'S SIGNATURE PART 1987 Row January



N.F							STA	E OF MARYL	AND						
X		1.	FOR STATE REGISTRAR			DEP	ARTMENT OF CERTI	HEALTH AND FICATE OF	MENTAL HYG DEATH	Banala 8	2	1	0 8	0	2
1			CEASED NAME F	IRST .	A	AIDDLE		EAST		2a DAT	REG. E OF DEATH		DAY YEA	R 2b F	HOUR
[图]		{TYPI	OR PRINT) Fran	cena		W.		mith			۸۰	pril 9	9. 1983	) 12	:05p M
APA		3 SE			ACE	77.	5. DATE	OF BIRTH		6 AGE	IN YEARS LAST I		IF UNDER 11	EAR IF UN	NDER 24 HRS
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2	500	#a B	RTHPLACE (STATE OR FOREN	3N 7b (	CITIZEN OF	WHAT COUN	TRY? 8.	n NEVER	MARRIED X	9 BALTI	MORE CITY	OR COUN	TY OF DEAT	н	
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1	372	10 €	TY OR TOWN OF DEATH	11.		HOSPITAL, NU	IRSING HOME	OR OTHER INS	STITUTION	(TYPE OF	WORK FOR MOS				SINESSOR
100	0/3		Riverdale				ial Hos			Cle:	rk				
ould be	BE	13a.	AL RESIDENCE (IF NURSING STATE 131 P	COUNTY		13/ CITY OR		413d INSIDE	CITY LIMITS?	13e STRI 5200	Morr	s is Av	enue		
2.0	1.	14. F	THER'S NAME	MIDD	15	LAST		15 MOTHER	'S MAIDEN NA	ME	WIDDLE		100	LAST	
ouo /	18UL	0	William	MIDD	.c	Sesk		PF) (	Doris		WIDDE		S	mith	
Pages 1	medical	16a \	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF	U.S. ARMEE YES, GIVE WAI	PORCES?	215-64	SECURITY NO.	Doris	Smith	Honk		Cl:	102 Wi inton,	llow	Way (
oers.	the the			nter only o	ne couse per										INTERVAL AND DEATH
May	vent,		18. CAUSE OF DEATH II PART I. DEATH WAS	CAUSED B		YONE	10	ENCI	EPHAL	.OF	ATH	Y			
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tion,	fraum		Conditions, if any w		ıb)	CA	ROII	9 C	ARRE	7.1					
se remo	ather tr	1	gove rise to immed couse (0), stating underlying couse		DUE TO, O	AS A CONS	EQUENCE OF	PALVE	PR	OLA	PSE				
signed hen pleo ta burnal	ury, ar	Z	PART 2 OTHER SIGNIFI	CANT CON	10)					AINAL DIS	EASE OR CO	NDITION	GIVEN IN PAR	T 1(o)	
s been ermit. The	ui vuo s	CERTIFICATION	190 DATE OF OPERATIO	Ν	196 CONDI	TION FOR WI	HICH OPERATION	ON WAS PERF	ORMED	20a A	UTOPSY?		YES, WERE FI		
e ha	how	RTE									_ NO[		YES 🗍		0 🗆
	Item 18 s		21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW 1	NJURY OCCUR	RED (ENTE	ER NATURE OF IN	JURY IN ITEM 1	B, PART 1 OR PAR	2)	
his c bur d Me	o f	MEDICAL	21d INJURY OCCURRED		21e. PLACE		FICE, FARM, ETC.)	211 LOCAT STREET	ION		CITY OR T	OWN	COUNTY		STATE
h an	rkec	>	WHILE NOT WHILE AT WORK												
use dealt	S mo		22a.l certify that (I) (th				7	3. 23	, 19\$^2	, to	4	9.	19 7		(I) (we) lost
الله الله	121		saw the deceased obove, (1) (we) (did)	did not) vi		ofter deoth.	19 82	and that in (my	r) (our) opinion	death acc	urred on the	dote and h			
L DIRE	. If her		22b. SIGNATURE	PS:-	~			DEGREE	ATTENDING PHYSICIAN	MEDIC VI DIRECT	CAL ST	TAFF	72	ATE SIGN	
TO FUNERAL should be deto with the State	Z		22d. PHYSICIAN'S NAM	(TYPE OR PRI	NI)			22e ADDRE		A DIRECT	OK_ HIII.	JICIAN E		1-9-0	12
FUN wld b	ORT		Virender P	Cin	ch M	D		6400	Landove	r Por	d In	ndowor	n Md	2078	25
Sho w	<u>×</u>	23a	BURIAL CREMATION, REA		3b. DATE		23c NAME OF			23d. L	OCATION	ndovel		2070	
			Burial		4/13/8				ch Cem.	1	Meador		COUNTY	Marv	STATE
6 50M 1/7	6	24 F	UNERAL DIRECTOR R				me, Inc	•	250. DA1	TE REC'D.	BY REGISTRA	AR 25b. BEG	ISTRAR'S SIG		- p
15 (4))			339 Hunt Pla			ADDRES	33		API	21 n	1981	fran	U. State	1000	2
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Frince Georges Comp Services at 1576 ogrin Permit THE ARCHITE SUITERON STATES THE TANKS ARCHITECT defect the control of 
FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	10007
= STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNO	OWN W MONTH DAY YEAR 78. HOUR
WILL	.IAM I. SOUDERS DEATH MA	
3. SEX 4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 2-2:3-22  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE PRONOUNCE AND YEAR OF DAYS MIN. DAY OF DEAD OF	4- 24 B2 6:40
7d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	78. CITIZEN OF WHAT COUNTRY?  8. MARRIED X NEVER MARRIED . 9. BALTIMORI	ECITY OR COUNTY OF DEATH CO George MD
Cheverly	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION PRINCE GEORGES GENERAL HOSPITAL DISPATCH	ION (TYPE OF WORK 712h KIND OF BUSINESS
USUAL RESIDENCE (IF IN MURSING HOM 130 STATE 130 COL P	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
14 FATHER'S NAME William	MIDDLE LAST SOUDERS SUSAN IS MOTHER'S MAIDEN NAME MIDDLE SUSAN	BAiley
160. WAS DECEASED EVER IN U.S. A (YES, NO, OR UNKNOWN) (IF YES, GI	ARMED FORCES?  VE WAR OR DATES)  16b. SOCIAL SECURITY NO.  579-14-8027  Mary Jane Souders	S/Wife Same as #1
Conditions, if any, white gave rise to immedia cause (o) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITION	ote (b)	
190. DATE OF OPERATION	198 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY I	YES NO NI
UNDERLYING OCAUSE O CONTRIBUTING CAUSE O 214. INJURY OCCURRED WHILE AT WORK AT WORK	PF DEATH P.M. 19  210 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
	orge of the remains described obove, held an Autopsy . Inspection , Inquiry ,	
ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)  230 BURIAL, CREMATION, REMOVAL		CAMP SPRINGS, MD2074

0 8 6 1 2 8 SAMPLE STATE OF BUILDING PARTY. THE STATE OF 
1					OF MARYLAND		
2	1 - STAT	TE ISTRAR	M	DEPARTMENT OF HE		OF DEATHE	1 0 8 0 4
(M)		SED NAME FIRST		MIDDLE	LAST	2a. DATE KNOW OF ESTI-	N MONTH DAY YEAR 26. HOU
	3. SEX	John 4. RACE	S. DATE OF BIRT	Y YEAR LAST BIRTHDAY)	Spencer  IF UNDER 1 YR. IF UND  MONTHS   DAYS   HOURS	DEATH MATER	MONTH DAY YEAR 24 HOL
VECESSARY UNGRAL DIR S FOR A DIR WITHIN 72 V RRESTON	Male 70. BIRTHE	PLACE (STATE OR	2 - 26 76. CITIZEN OF	WHAT COUNTRYS IS	MARRIED   NEVER MAI	9. BALTIMORE C	4 2 19 82 7/7
N PRITTE OF THE	We	St Virginia	U.S.	A. V	IDOWED DIVO	Desi.	M
RE, MD. 21201 EATH. IF ANY DELAY IS NECESSARY ES. 1, 2, AND 31 OTHE FUNERAL DII N. PM. 3. RETAIN PAGE 5 FOR YOU WND 2 SHOULD BE FILED, WITHIN 72 FOR ALL RECORDS, 201 W. PRESTON OF THE PROPERTY OF THE PAGE 5 FOR THE PAGE 5 FOR THE PAGE 5 FOR THE PAGE 5 FILED, WITHIN 72 OF THE PAG	ha	wel	3 00 /1	OSPITAL, NURSING HOME, CO	Com 10	FOR MOST OF WORKING LIFE Maintenance	
21201 AND 3 AND 3 RETAIN HOULD	USUAL RE 130 STATE Md.	SIDENCE (IF IN NURSING HO)		GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN Laurel	134 INSIDE CITY LIMITS		
ORE, MD.	John	R'S NAME FIRST	MIDDLE	Spencer	15. MOTHER'S MA FIRST Rosa	IDEN NAME MIDDLE B.	Higginbotham
0 005/0	160. WAS	DECEASED EVER IN U.S.		16b. SOCIAL SECURITY N 220-40-3806	O. 17. INFORMANT	ADD	RESS
TON ST., BALL 24 HOURS AF ITEM 18. GIVE LONG WITH I PERMIT. PAG GIENE, DIVISION	18	CAUSE OF DEATH (Enter	only one cause per l		Rosa S	pencer na	approximate interval Between onset and death
15, 201 W. PRES) ECUTED WITHIN G". IN PROCI. IN AL EXAMINER A MINAL. TRANSIT NND MENTAL HANSI NION, OR REMC		Conditions, if any, who gave rise to immedicause (a) stating the und lying couse last.	ich ote (b) (b) (c)	OR AS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF  ITH BUT NOT RELATED TO THE TERMINA	OISEASE OR CONDITION GIVEN IN	PART 1 (a),	
SED AI, C	CERTIFICATION 190	DATE OF OPERATION	196 CON	DITION FOR WHICH OPERAT	ON WAS PERFORMED?		20 AUTOPSY? YES □ NO 🖔
DIVISION OF V S CERTIFICATE S RITING THE WG RDED TO THE C AS SHOULD BE E DEPARTMENT OI PRIOR TO BU		EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE O	DF DEATH F	OF INJURY A.M. MONTH DAY YEAR P.M. 19		RED LENTER NATURE OF INJURY IN IT	
DIVISI THIS CERT WARDED PAGE 3 SI TATE DEP	W W	INJURY OCCURRED  HILE NOT WHILE WORK AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOEKCUTE THE CERTIFICATE, WRITING THE WORR PAGE 4 SHOULD BE FORWARDED TO THE CHIEN FOR PAGE 3 SHOULD BE US AFTER PEATH, WITH THE STATE DEPARMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURI	, de		orge of the remains of tural causes X,	described obove, held on Accident , Suicid	Autopsy , Inspece  Homicide   TITLE (SPECIFY)  Deputy	Undetermined manner	ond in my opinion  DATE SIGNED 4/2/1982
MEDIC RECUTE NGE 4 S FUNEI ALTIMOI	EX.	MINER'S NAME AND	usto P. K	odriguez, M.B.	ADDRESS 5009		Temple Hills, Md.
Bb———	(SPECIF	Removal	1 23b. DATE 4/2/	82 A PAGE OF CEME		23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	NAA	RAL DIRECTOR National Board	ADDR	Balto., Md.	25a. AP	R 1 2 1982	registrar's signature



19 1.	FOR STATE REGISTRAR			AND MENTAL HY ERTIFICATE OF	A	080	5
	CEASED NAME FIRST E OR PRHYT) BONNIE	MIDDLE J	STAMPLI	EY	20. DATE KNOWN OF ESTI- DEATH MATED	□ MONTH DAY YEA	26 HOUR
STREET STREET		DATE OF BIRTH	6. AGE (IN YEARS IF UN LAS THOMAY) MONTH YRS.		4 HRS. 2c. DATE MIN PRONOUNCED DEAD	4-29 1982	AR 2d. HOUR
SE S	RTHPLACE (STATE OR 76. REIGN COUNTRY)	CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOW	ED DEVER MARRIE	001	OR COUNTY OF DEATH	
SEE SEE SEE	WEDALE 14/	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 602 24TH AVE		ER INSTITUTION	OF MOST OF WORKING LIFE)	PPE OF WORK 12b. KIND OF OR INDU	BUSINESS
0 × 0 × 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L RESIDENCE (IF IN NURSING HOME OR OT TATE 136 COUNTY.	HER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	3. STREET ADDRESS	AVENUE	
AORE, MD. 212 AD. 212 AD. 32 A	ATHER'S NAME FIRST CHARLES	IDDLE L	KILES	15. MOTHER'S MAIDEN		AND ELSOI	
JRS AFTER DE B. GIVE PAGE B. GIVE PAGE T. PAGES LA DIVISION OF	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCI	1 SECURITY NO.	17. INFORMANT	H. SKILES, 33	SS /	122. 14
W. PRESTON ST W. PRESTON ST WITHIN 24 HOV PENCIL IN ITEM II WINER AICHO WINER AICHO WINER AICHO WINER AICHO WINER AICHO WINER AICHO WERT OR REMOVAL	18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY IMMEDIATE COnditions, if any, which gave rise to immediate couse (a) stating the underlying cause last.	FTHYLISM	SEQUENCE OF				NATE INTERVAL NSET AND DEATH
250 = 4	PART 2 OTHER SIGNIFICANT (DMDITIDNS <u>CONT</u> 190 DATE OF OPERATION	RIBUTING TO DEATH BUT NOT RELATION FOR W			1 (a),	ZÚ AUTOP	SY?
HOULD BE ARTMENT IOR TO BU	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		FENTER NATURE OF INJURY IN ITEM 1	YES C	№ 🕅
WARDED PAGE 3 SI TATE DEP. 21201 PR	ZHE INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ETC	(AT HOME. 211 LOC	CATION	CITY OR TOWN	COUNTY	STATE
PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2  90	ACTUAL SKINATURE SHEETE	the remains described above ouses [X], Accident [X]	Suicide	Homicide  TITLE (SPECIFY)  Deputy  5009 Ra	Undetermined manner  MEDICAL EXAMINER  Syburn Ct., Te:	DATE 4-30- SIGNED Hills,	
230.B	JRIAL, CREMATION, REMOVAL 236.		AME OF CEMETERY OF	CREMATORY	23d LOCATION CITYOR TOWN	COUNTY	STATE
DHMH-17 (VR A15 ME (5)) 15M2/80	INERAL DIRECTOR	Aldathy, VSVC	Executed No	MAY MAY		GISTRAP'S SIGNATURE	then

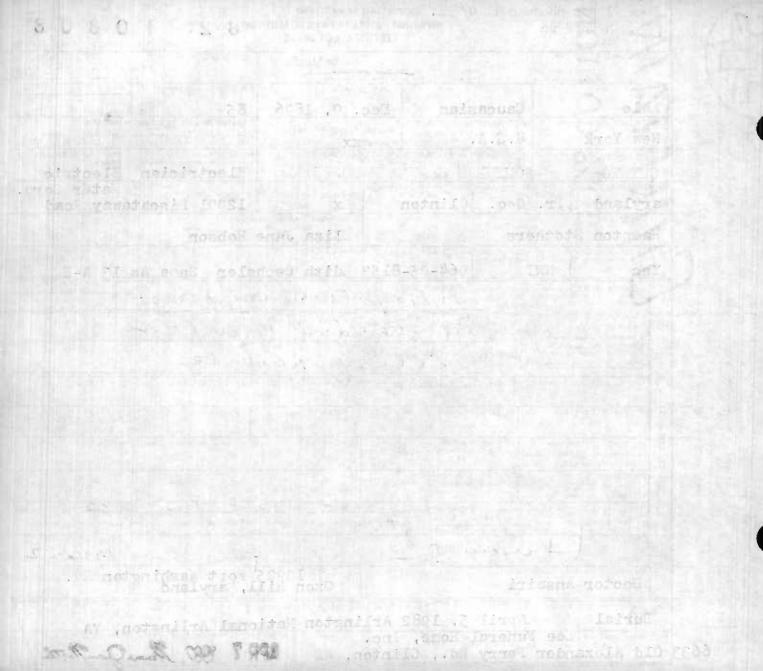
EL-TELL SERVE TUAKER IRANG U.S.A FED. GAVT. (RET) SAME ANTEN AVERTS SETTLE AVERTE COLUMN 6232 JUL ANEXUE My 18 460 Hartelines CHAPLES SHOULD ANY AND SESSON Sign Poplar VICTIZ H. SKRIGE, 3325 MINISTER . Heart best 313. The form surface Ct. I wash willias, 1911 Barial May 185 commed dazusy The way of the same of the sam

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			STATE OF MARYLAND
	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 0 8 0 7
1 50		CEASED NAME FIRST OR PRINT) MXRY	P. STEED 20. DATE OF DEATH MONTH DAY YEAR 26. HOURS
(A)	3 SEX	FEMALE	4. RACE WHITE S. DATE OF BIRTH MONTH TOLLY 24 1881 100 YRS.
135		RTHPLACE (STATE OR FOREIGN OUNTRY) MD.	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PRINCE CHEORGE
11 100	(	CHINTON	11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  3210 51 FED RD-CWNTON HOUSE KEEPER 1404 E
shauld termyst	13a. S	MD PE	TISE INSTITUTION ONE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  13d. STREET ADDRESS  13e. STREET ADDRESS  15e. STREET ADDRESS  16e. STREET ADDRE
1 and 2		THER'S NAME   MODIE R. STEED MARY PANELIA EDELEN MED FORCES? 166. SOCIAL SECURITY NO. 17 (DISORMAND ALLUE PANELIA)	
ond		res, noorunknown) (IF YES, GIN	579-50-9792 3210 STEED RD-CLINION PRIED
ng physician banpapers.1 r removal. ic event, the r		18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDIA	THE CAUSE (a) RESPIRATION F A JAURE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP
the ottendin remave carb emotion, or i er troumatic		Conditions, if ony, which gove rise to immediate	(b) CHENERALIZED ARTERIOSCLEROS 3 EVO
ed by toplease rial, cre		couse (0), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
been sign mit. Then priar ta bu any injury,	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
certificate has urial-transit per tental Hygiene item 18 shows	CERTIFI	21a. ACCIDENT WAS UNDERLYING	YES NO
2 4 5	MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	
use os use os tealth		WHILE NOT WHILE AT WORK  27a I certify that (I) (this hasp	of ended the deceased from SEPT 1951, to PRESETANT, that (1) (we) lost NRC 10 92 9 8 2 and that in (mx) have conjugan depth accurred on the date and hour and from the course stated
y the hospital RAL DIRECTOR detached for u oute Dept. of H AT: If Item 21 is			NPTC 10 92 9 8 2 , and that in (my) twent opinion death occurred on the date and hour and from the causes stated at view the body after death  DEGREE ATTENDING . MEDICAL STAFF
A Se E D		THE PHYSICIAN'S NAME (THE O	Shighten - TB Discara WAY RD
of of with or of of the or of of the or of of the or of		BURIAL, CREMATION, REMOVAL	10 / 22 1601 C   L   C   A CITY ON OWN OF COUNTY   METER
BP HMH- 16 30M 2/80 (VRA 15, 4)		JNERAL DIRECTOR P. K.	4/AS 1/10 A) Teed ramily cones of 150. The MARIE AND ALL AND

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		REGISTRAR  CEASED NAME FIRST OR PRINT!  WILLIAM	MIDDLE	STROT	Stothers	REG. N 2a DATE OF DEATH	O. MONTH DAY YEAR 4/ 2/ 82	25 HOUR 3:40AI
	3. SE	X	4 RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
9 G	7a B	ale RTHPLACE (STATE OR FOREIGN OUNTRY) eW York	Caucasian 76. CITIZEN OF WHAT COUNTRY?	Dec 8 MARRIED	9, 1896  Never Married	The state of the s	YRS.	
FQ/	10 C	TY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	128 USUAL OCCUPATI	F WORKING LIFET INDUST	D OF BUSINESS OR
mwst be no	USU. 13a S		SOUTHERN MARY OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY Geo. Clinto	RE ADMISSION]	HOSPITAL  13d. INSIDE CITY LIMITS?  YESX NO	Electric		er Corp.
exonine in	14. F.A	ampton Stoth	MIDDIE LACT		15 MOTHER'S MAIDEN NA		Sca taway	LAST
e medicol	0	VAS DECEASED EVER IN U.S. AR res, no or unknown) (1F yes, give <b>es</b> WW)	WAR OR DATES)		Edith Oecl	ADDRE nsler Sam	e As 13	A-E
r to buriol, cremation, or ri injury, or other troumotic	NOI	Conditions, if ony, which gave rise to immediate couse 10°, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, O AN ONS FOUR  (b)  DUE TO, OR AS A COMEOU  (c)  CONDITIONS CONTRIBUTING TO	in	dial 11	luce AINAL DISEASE OR CON	DITION GIVEN IN PART	'Ita'
shows any i	CERTIFICATION	198 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION		20e. AUTOPSY?  YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [	SES OF DEATH?
rked or Hem 18 sho	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	TH HOUR A.M. MONTH D.P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.]	Zic. HOW INJURY OCCUR ZII LOCATION STREET	RED (ENTER NATURE OF INJUI		STATE
pt of Heolitiem 21 is mo		22a. I certify that (I) (this hospii saw the deceased alive on above, (I) (we (did) (did nai 22b. SIGNATURE	toi) ottended the deceosed from 19		d that in (my) (our) opinion EGREE  ATTENDING PHYSICIAN I	death accurred on the do	27c. DA	the causes stated  ATE SIGNED
th the State De		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		278 ADDRESS 1 000	Fort Was		



	1			STATE OF M	ARYLAND				
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oy the funited within	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, UF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)		120 USUAL OCCUPA	T OF WORKING LIFE	12b KIND OF	BUSINESS OR
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1-1650M1/B1 VRA 15, 4)	24 F	wm.Lee's Sons			25g DATE	REC'D. BY REGISTRA			
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IMPORTANT: If Item 21 is marked or Item 18 that

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST	T	irginia	i.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	25 HOUR	1
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	1.5E		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIT		ERIYEAR	IF UNDER 2	
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2		nsylvania	U.S.A.		WIDOWE		PRINCE GEO	RGE'S CO	UNTY	2017	MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINES	
0	-	CLINTON	SOUTHER	MARYLANI	D HOS	PITAL	Housewif		Hom	е	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13% COUP		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Forestv.		134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 7406 Leo	na Stre	et		
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6	Ro	bert H. Tyle	r	(ASI		Nellie Ma	y George		LAST		
	Ióa V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	SS			
	No	(ES, NO OR UNKNOWN) NE AGIN	E WAR OR DATES)	578-40-	7378	Henry H. S	weeney, S	r. Same	As	13	A-E
9	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT ( PART 2	(c)_	sper la	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON  Promise  200 AUTOPSY?	DITION GIVEN IN  206. IF YES, WER IN CERTIFYING	E FINDIN	GS USED	
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		sow the deceased alive on obave, (I) (we) (did) (did no ITE SIGNA POTE	t) view the body	19 8		nd that in (my) (aur) apinian of DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF 27	-	couses stat	
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3		urial, cremation, removal	pril 1	0, 1982	Hol.	EMETERY OR CREMATORY  Lywood Naza	rene Chwn	Cem. Ho	lly	wood	ATE MI

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔑

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

(SPECIFY) Burial 4/19/82 BP. 24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md. DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

REGISTRAR

1 - STATE

CharlesMaryland

COUNTY

22c. DATE SIGN

2b. HOUR

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APRES O. Box 7428

Pumphrey, Inc. Sil. Spr., Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR RObt

Funeral Home

DHMH-16 30M 2/80 (VRA 15, 4)

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Rd., Suitland, Md.

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T. DECEASED NAME (TYPE OR PRINT)  Rudolph Jerome Tolliver  3. SEX   4. RACE   S. DATE OF BIRTH MONTH DAY YEAR 2d. HOUR DEATH MATED   4 8 19 82   N
Rudolph Jerome Tolliver    Sex
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Total   Tota
Washington, D.C.  U.S.A.  WIDOWED DIVORCED DIVORCED Prince George County MD DIVORCED
10 CITY OR TOWN OF DEATH  - Cheverly  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION - Cheverly  USUAL RESIDENCE (IF IN DESCRIPTACITY, ONE SINGER ADDRESS) OR INDUSTRY Odd Jobs  USUAL RESIDENCE (IF IN DESCRIPTACITY, ONE SINGER ADDRESS) OR INDUSTRY Odd Jobs  USUAL RESIDENCE (IF IN DESCRIPTACITY, ONE SINGER ADDRESS) OR INDUSTRY Odd Jobs  USUAL RESIDENCE (IF IN DESCRIPTACITY, ONE SINGER ADDRESS) OR INDUSTRY Odd Jobs  USUAL RESIDENCE (IF IN DESCRIPTACITY, ONE SINGER ADDRESS) OR INDUSTRY Odd Jobs  USUAL RESIDENCE (IF IN DESCRIPTION OF DEATH OF DEATH OF DEATH OF BUSINESS OR INDUSTRY Odd Jobs  USUAL RESIDENCE (IF IN DESCRIPTION OF DEATH OF
USUAL RESIDENCE (IF IN THE COUNTY OF TOWN 134. INSIDE COUNTY 137. CITY OR TOWN Washington 7 YES 120 NO 14051 Hillside Rd S.E. #3  14. FATHER'S NAME RESIDENCE (IF IN THE COUNTY Washington 7 YES 120 NO 14051 Hillside Rd S.E. #3  14. FATHER'S NAME RESIDENCE (IF IN THE COUNTY Washington 7 YES 120 NO 14051 Hillside Rd S.E. #3  15. MOTHER'S MAIDEN NAME RIMST NO 15. MOTHER'S MAIDEN NAME RIMST NO 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS HILLSIDE RD SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Multiple injuries  DUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO ORAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
USUALA RESIDENCE (IF INTERPORT ONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a. STATE  D.C.  13a. STATE  Bernard  L.  Tolliver  L.  Tolliver  Elizabeth  C.  Thompson  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. MO. OR UNKNOWN)  NO  16b. SOCIAL SECURITY NO.  Uknown  17. INFORMANT  Elizabeth  C. Tolliver Washington, D.C.  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Multiple injuries  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a) storing the underlying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTIONS
14. FATHER'S NAME Bernard L. Tolliver Elizabeth C. Thompson  156. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO  169. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO  160. SOCIAL SECURITY NO. Uknown Elizabeth C. Thompson  17. INFORMANT ADDRESS 1 Hillside Rd SE  Uknown Elizabeth C. Tolliver Washington, D.C.  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
Bernard L. Tolliver Elizabeth C. Thompson  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LUXKNOWN) NO  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.  Conditions, if any, which gave rise to immediate cause (a) stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
Bernard L. Tolliver Elizabeth C. Thompson  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO  168. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Multiple injuries  Conditions, if any, which gave rise to immediate cause (a) stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
160. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   Hillside Rd SE   NO   Washington, D.C.
NO   Uknown   Elizabeth C. Tolliver Washington, D.C.  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:    Multiple injuries   Multiple injuries
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Multiple injuries  Conditions, if any, which gave rise to immediate cause (a) storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Using couse lost.  PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
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gave rise to immediate cause (a) stating the under-lying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
DUE TO, OR AS A CONSEQUENCE OF  Lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 120. AUTOPSY?
YES XX NO []
216. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216, HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 9:PMM. 4/8 1982 pedestrian struck by vehicle
Townserting Cause of Death 9:PMM. 4/8 1982 pedestrian struck by vehicle  218. Place of INJURY OCCURRED 218. Place of INJURY (ATHOME. 21f. LOCATION
while NOT WHILE STREET, FACTORY, FARM, ETC.)  AddisonRd&Ronald Rd, DistrictHgts, PG Co, MD  STREET  AddisonRd&Ronald Rd, DistrictHgts, PG Co, MD
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228   certify that   took charge of the remains described above held an Autory VV
22a. Learnify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry ., and in my opinion
22a. L certify that I taok charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion death resulted from: . However . Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIEY)
22a. I certify that I taok charge of the remains described above, held an Autopsy XX Inspection Inquiry, and in my opinion death resulted from: Autopsy XX, Suicide, Homicide, Undetermined manner,  ACTUAL STREET AND ASSISTANT MEDICAL SYMMINER SCORED.
27a. I certify that I took charge of the remains described above, held an Autopsy XX Inspection Inquiry, and in my opinion death resulted from: Accident XX, Suicide, Homicide, Undetermined manner,  ACTUAL SIGNATURE
22a. I certify that I taok charge of the remains described above, held an Autopsy XX Inspection Inquiry, and in my opinion death resulted from: Humb courses, Accident XX, Suicide, Homicide, Undetermined manner,  ACTUAL SIGNATURE
(SPECIFY) CITY OR TOWN COUNTY STATE
Burial 4/13/82 Harmony Memorial Park Landover Prince Coopers MD
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕺 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) DOROTHY H. **UNDERWOOD** 04-11-82 12:30AM 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Dec. 18. 1915 EAR White Female 66 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland PRINCE GEORGE'S COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176 KIND OF BUSINESS OR PRINCE GEORGE S GENERAL HOSP. Housewite Working LIFE OWNTRHOME CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e S3600 Perry Street Prince Geo. Mt. Rainier Maryland YES DO NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nelson Cockran Crouch Gertrude H. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATEST Stanley C. Underwood Same as #13 (Husband) 577 16 9843 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL CORONARY PART I. DEATH WAS CAUSED BY: ARTERY DISEAPE IMMEDIATE CAUSE EFRACTORY CONGESTIVE HEART FALIURE Conditions, if ony, which gove rise to immediate cause (a), stoting the VENRICULAR TACHYCARDIA underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CEREBRO FICATION VAPQUIAR CCIDENT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygier Hygier NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M ō 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. sow the deceased alive an above, (1) (we) (did) (did nat) view the bady after death and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

22d PHYSICIAN'S NAME (TYPE OF PRINT) or 6-H

Burial

22b. SIGNATURE

23a BURIAL, CREMATION, REMOVAL

0

ANDOVER 231. NAME OF CEMETERY OR CREMATORY

DEGREE

Ft. Lincoln Cemetery

ANDOYER ROAD 2076 23d. LOCATION

Brentwood P.G. COUNTY Maryland

22c. DATE SIGNED

23b. DATE

4/14/82

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

PHYSICIAN DIRECTOR PHYSICIAN

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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D.Z.

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should be detached for use as the burial-transit permit. Then please remove carbandape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	0.				
		CEASED NAME	FIRST	N	AIDDLE	i	.AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HQU	R
	{ITPE	OK PRINT)	Ferdin	and	Joseph	Ur	banek,	Jr.	N. C	A	pril	20,	198	211:	174
	3 SE	Х		RACE		5. DATE C			6. AGE	IN YEARS LAST BIR	THDAY)		ERIYEAR	IF UNDER	Za HRS
ì		Male		Caucasi	an	Sep		1927	54		YRS.	MONTHS	BATS	HOURS	MIN
1		RTHPLACE (STATE	OR FOREIGN 7	b CITIZEN OF V	WHAT COUNTRY	? 8.	NEVER	MARRIED .	9 BALTIA	MORE CITY O	R COUN	TY OF DE	ATH		7.5
		arvland		U.S.A		WIDOWE		ONORCED	Pri	nce Ge	orge				MD.
1	10. CI	ITY OR TOWN OF	DEATH 1	1. NAME OF H	OSPITAL, NURSI	ING HOME C	OR OTHER IN	STITUTION	12a USU	AL OCCUPATI	ON			FBUSINE	SSOR
0	C	linton		Souther	m Maryl	and Ho	spital	Center	Sa	lesman	I WORKING	LIFE)   INL	Inst	arand	9
1	13a S	AL RESIDENCE IF	NURSING HOME OF C		112 CITY OF TO	A/NI	1134 INSIDE	CITY LIMITS?	1120 STRE	ET ADDRESS					
Total Control	M	laryland		George	Temple	Hills	YES 📆	NO [		0 Myrt	le Av	venue			
1	14 FA	THER'S NAME	M	IDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	MIDDLE		- 13	LAS1	May 1	
3		Ferdina	nd Jos	eph	Urbanek	s, Sr.	S	tephani		WIDOLE			Srl		
٦		VAS DECEASED EN		ED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORM			3110 M	55 72+1	Ave			
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		18 CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), o	nd (c							APPROXI	MATE INTER	VAL
		PART I. DE ATI			ardio-pu		ry arr	est, in	testi	nal ob	struc	tion	1	Zeroki Arrep	21.20
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	CERTIFICATION	21a. ACCIDENT WAS		216. TIME OF			21c. HOW	NJURY OCCUR		1000	1		PART 2)		
		OR CONTRIBUTING		HOUR A.A		DAY YEAR									
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1		-try	Samo					ATTENDING PHYSICIAN	X DIRECTO	AL STAF	FIANT		4.00	0-82	
d		22d. PHYSICIAN	NAME IN THE	report)		116	27e ADDRE		-Jo o me cit	J. [] THISIC				20-02	
		Frank I	Ryan, MI				9401	Indian	Head	Highwa	y Ox	on H	111,	Md.	
	23a B	URIAL, CREMATIC	N, REMOVAL	236 DATE	230	NAME OF C	EMETERY OF	CREMATORY	23d LO	CATION					
	(	Buria]		4/23/8	32 Ma	arylan	d Vete	rans Ce	m	Chelte	nhan	P.	G. 1	Mary	land

DHMH - 16 50M 1/B1 (VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

P.G.

endinged Joseph Writings, Jr. pril 20, 1982 Chosin. Set. 08 117 e [ch rinos comins A.B.H H. Sand Clinton Southern backland somital Genter Sale man 90 TRIUNT Leryland Fince Goorge Teaple Wills x winter Avenue Terdinund Joseph Imbanek, br. Stechenie Sale. 3110 'srtle venue of - 30-3630 fune . Urimnek e de lists, de IIell Market and the Control of the State of the S of Indian Lad Hawy (xor Hill, Me. W. T. HYAM, "W 1/3/8 | Try and determs Oct. Cheltonhor .C. Maryland Is intell

G.P. Falas 6160 Oxon siller. Oxon Mill. 'd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH THOMAS 04-20-82 G. VALLTOS 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Sept. 22, 1917 Male White 64 70. BIRTHPLACE MARRIED NEVER MARRIED United States WIDOWED Washington, DC

IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY Self-employe Musician 13e STREET ADDRESS 10208-Prince Place, #105 13c. CITY OR TOWN Pr.George Largo Marvland Valltos Vasiliki Manopoulos George 16 SOCIAL SECURITY NO. 17 INFORMANT ing Dr., Upp@FSSMarlboro, MD 20772 579-01-8555 Nicholas G. Valltos (Brother) 413-Ketter-160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per toe for (a), b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. 2, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated degve, (I) (we) (did) (did not) view the body after death. MEDICAL M.D. PGGH/MC JOSEPH COLFLIA CHEVERLY, MD 230 BURIAL, CREMATION, REMOVAL 123b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE 4-22-1982 Glenwood Cemetery Washington, D.C. Burial 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE J.Wm.Lee's Sons Co.300-4th St,NE,Wash., DAPR 281982 (VRA 15, 4)

26 HOUR

10:00AN

DHMH - 16 50M 1/B1

8 1 8 07 THEORY D. I. VALLETOE 7101,00,101 6 U., . CHEVROLY OF THE CHORCES REPORTED AND THE CONTRACT OF THE CONTR the series of th COLUMN TO STATE OF THE CHENTER, TO T. Wester to Some To 305-Art Se, Wester, North Alexander of the Line of the Contract of the Co

2	FOR		STATE OF MARYLAND OF HEALTH AND MENTAL HY	GIRNE *)	0819
[ INA	= STATE REGISTRAR	MEDICAL EXAM	AINER'S CERTIFICATE OF	DEATH REG. NO.	
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Veltman	26. DATE KNOWN XX MC	4 23 19 82
	3. SEX 4 RACE	5. DATE OF BIRTH DAY YEAR LAST B	(IN YEARS IF UNDER 1 YR. IF UNDER 2.	4 HRS. 2c. DATE MO	NTH DAY YEAR 24 HOUR
7	Female White  7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	YRS.  8. MARRIED NEVER MARRIEI	9. BALTIMORE CITY OR CO	4 23 19 82 M
	CALIFORNIA 10. CITY OR TOWN OF DEATH	US A	WIDOWED DIVORCED		
1	Cheverly	Prince George's	General Hospital	FOR MOST OF WORKING LIFE) WAITESS	OR INDUSTRY  BAR
	USUAL RESIDENCE (IF IN NURSING HOM 13d STATE 13b COU MARYLAND	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD NTY 13c CITY OR TOV	VIN 13d. INSIDE CITY LIMITS? 1	36. STREET ADDRESS 4617 GARRETT	- AUE
5	II. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN		FLORA
		E WAR OR DATES)		ADDRESS	1
		NONE UNKNO	.)	PIERCE SAME	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	5 8121 IMMEDI	ATE CAUSE (a) MUITID I	e injuries NCE OF		
	Canditions, if any, which gave rise to immedia cause (a) stating the under	(b)	NCE OF		
	lying cause last.	(c)			
		IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
	196. DATE OF OPERATION 216 EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
		21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART I	ORPART 2)
-	CONTRIBUTING CAUSE O	21e PLACE OF INJURY (ATHO	ME. 21f. LOCATION	auto/fixed objec	t collision couR.G. Co., sMd.
3	WHILE NOT WHILE AT WORK	street, Factory, Farm, etc.)	Rt. l at Prin	ce George's Ave.	Beitsville.
0	22a I certify that I taak cha	rge of the remains described above, held	Suicide . Hamicide .	Undetermined manner ,	my apinian
BALLIMORE, MARYLAND, C	ACTUAL	m (1) 54 St	TITLE (SPECIFY)		PATE 4 407 400
-	SIGNATURE 7	nas D. Smith M.D.		E MEDICAL EXAMINER S	IGNED 4/23/82
0	EXAMINER'S NAME TO (TYPE OR PRINT)  239. BURIAL, CREMATION, REMOVAL	mas D. Smith, M.D.	ADDRESS	Penn St. Balto	o., MD.
	BURIAL	APRIL 24, 1982 GEORGE	E WASHINGTON CONFTE	MY ADELAHI P.G.	
)	24. FUNERAL DIRECTOR NAME CHAMBERS FUNES	PAR HOME BIVERDA	HE ND,	PR 2 9 1982 Pro-	AR'S SONATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

CERTIFICATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

(SPECIFY) 4-30-82 Md. Veterans Cemetery Burial 24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Md.

P.G. Maryland Cheltenham

2b HOUR

12b. KIND OF BUSINESS OR

NO [

STATE

COUNTY

22c DATE SIGNED

Own Home

IF UNDER 1 YEAR

INDUSTRY

Landreth

4:20AM

Anard Fillin Spurlin Period 1909 Pamilton Street Art-l	D S & G : 1 & B				
NEWERLY TRIVE CERES SELERAL EMPTRAL Housewife (wm Home arginna) F.O. Hystsville x (500 Hymilton Street Art-) award William Spurlin Price 1 audreth 2733 (Lendre Board 27720 Geneva S. Gordon Haltimore, Maryland o	04-27-12 4:20M	I I I I I I I I I I I I I I I I I I I	0:	TELETY	
REVERLY THE COMMENS DELIENT MORE Housewife (bug Mone aryland 1.0. Nyattaville x (3800 Pamilton Street Apt-1 Award William Spurlin Pffic Landreth 2773 (lendan 2773 (lendan berland 2773 (lendan bellimmre, Maryland 277-32-7739 (lendan Bellimmre, Maryland 277-32-7739 (lendan Bellimmre, Maryland 277-33-7739 (lendan Bellimmre, Mar	07	cool to Manner.	Vhite		ofr. or
aryland C.O. Hystisville x   3800 Mamilton Street Apt-1 dward William Spurlin Pffie   Laudreth   2733 Clemale Pac   217-52-7728   Geneva S. Gordon   Maltimore, Maryland   x	ALTERO SERVICED FORES	7	.4.8.		Timois
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o 217-52-772B Geneva S. Gordon Haltimore, Muryland		9::30	ilanas ma	iffi,	Edward
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r. paschie Sone R. H. A. Hyatisville, Md.

1	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0821
		CEASED NAME FIRST	WIDDLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
100		Aureli	o Albino	VIANA	April 5, 1982	8:410 A
2 /	J.SE.		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 W	m	IALE	CAUCASIAN	April 28 1912	69 YR	
Dist		RTHPLACE (STATE ON FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
1/		DON ENGIAND	USA	WIDOWED DIVORCED	Prince	George's ME
83		TY OR TOWN OF DEATH  Lanham	(IF NOT IN SUCH FACILITY, GIVE STREET /	G HOME OR OTHER INSTITUTION ADDRESS)  1 of Pr. Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN RET. SALESMAN	126 KIND OF BUSINESS OR INDUSTRY  BREAD
-36	13a S	TATE 136 COU	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	DRIVE
NoD	14. FA	Achilles	MIDDLE LAST VIANA	15 MOTHER'S MAIDEN N FRST  ANNE TH	AME	PEZARO
2 3		AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU		ADDRESS	LESHKU
	()		19 577052	402 JOSEPHINE V	IANA SAMEAS	13£
please remove ca vrial, cremotion, c , or other troumot		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	obstruction of left (	iarobs arkyets	The same of the sa
ony injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT	L- IMBIO-Kardy	EATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
Hygin 18 sh		2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART 1 OR PART 2)
0 5 9 5	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
h ond M	MED	WHILE OCCURRED  WHILE NOT WHILE OF WORK	21e PLACE OF INJURY	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
of Healt n 21 is ma		sow the deceased alive on above, (1) (we) (did) (did no	otol) ottended the deceased from 19	3 19 , 19 8 2 and that in (my) (our) opinion	n death occurred on the date and l	hour and from the couses stated
old be detoched the Stote Dept		22b. SIGNATURE	ange A.D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
PORTAN		ROBERT J.	GERFIGE	220 ADDRESS 4410 7461	Ave Hyotheviller	12 20784

23c NAME OF CEMETERY OR CREMATORY

LINCOLN CEMETERY

DHMH - 16 50M 1/81 (VRA 15, 4)

GRANT F.H. 9013 ANNAPOLIS Rd. LAWHAM Md.

APRI | 8 82

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) "BURIAL

BRENTWCCO PE MO

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an ME Later in Constitution of the			
THE HEAVE BELLEVILLE			
The second was substituted			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-/James FRANKLIN James F. Vickers VICKER DEATH MATED 4. RACE IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED XM Cau 4-18-1082 9 A. DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Boomer. N.C USA PRINCE GEORGES DIVORCED WIDOWED S WITH FORM PM. 3. RETAIN PAGE 5. WITH FORM PM. 3. RETAIN PAGE 5. WIT. PAGES 1 AND 2 SHOULD BE FILED. YE, DIVISION OF VITAL RECORDS, 201 W. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Southern MD Hospital Center Clinton, MD Carpenter USUAL RESIDENCE (ILIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 9408 Hale Drive Prince 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES A Clinton, MD 20735 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AUDDUE MIDDLE FIRST LAST JAMES WARY 17. INFORMAN CARLTON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Brenda Leadmon {YES, NO, OR UNKNOWN} YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, MATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFF ROBERT, WITH THE STATE DEPARTMENT OF HI BALTJMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO P 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY CATHOME. 216 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Undetermined manner deoth resulted from: Natural causes Homicide TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. Augusto 230 BURIAL, CREMATION, REMOVAL 236 PATE 21-82 23c. NAME OF CEMETERY OR CREMATORY Maryland Veterans Cheltenham. MD 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Funeral Home **DHMH-17** (VR A15 ME (5)) Clinton Rd 15M 2/80

TALLE TALLED TO THE CONTROL OF THE CAME OF £ 1 /2 . The first state of the state of A Paryland Veterang One remark IA CARLES SALVE COOR OF DEATH OF THE TOTAL OF THE TRANSPORT 
REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRIN Za be man 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR CAUCASIAN FEMALE 02 TO. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY PRINCE GEORGES ARKANSAS WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY GPO TYPE OF WORK FOR MOST OF WORKING LIFE) ( IPPKY 3001 Brock Drive BOOK SINDER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MARLBORD SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 130. STATE 13e STREET ADDRESS 136 INSIDE CITY LIMITS? JAR HARLBURO 3001 BRUCK DRUMARLBORU MO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE VOGEZMAN BRADSHAW DOVIE Daughter ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 30 03 8860 Dorothy E. Pennoyer Same as #13 IB CAUSE OF DEATH Enter only one cause per line for o PART I. DEATH WAS CAUSED BY Ouges 7 IMMEDIATE CAUSE (o CONSEQUENCE OF 10 Vascular 17660 eriosc gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES F Hygi 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK LEMPLI 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (sue), (did) (did not) yew the body after death 12h SIGNIATUR DEGREE 22c. DATESIGN ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN mes MPORTANI 274 PHYSICIAN'S NAME (TYPE OR PRINT) Marlboro Fike Upper 23a. BURIAL. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECE) urial STATE COUNTY Cedar Hill Cemetery 14Apr1982 BP. Suitland Md ADDRESS Suitland, Md. 250. DATE REC'D. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4))

Robert E. Wilhelm Funeral Home Inc

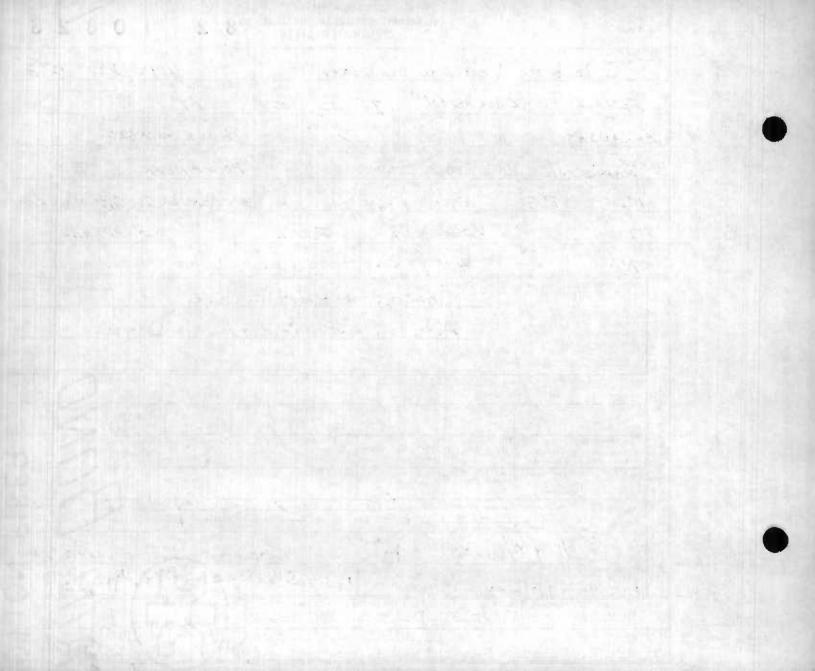
FOR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. DECEASED NAME WALTER 2a DATE KNOWN TE MONTH 76 HOUR (TYPE OR PRINT) ESTI-TO THE FUNERAL DIRECTOR.

1 PAGE 5 FOR YOUR FILES.

BE FILED, WITHIN 72 HOURS.

S. 201 W. PRESENTED FILES. 82 DEATH MATED 1119 1:548 IS NECESSARY, PLEASE OWEN CECII WATTER 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DAY YEAR 24 HOUR DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED Caucasian July 24,191962 Male DEAD 1119 82 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia Prince George DIVORCED WIDOWED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Greater Laurel Beltswille Hosp, Security Laurel HIEF MEDICAL EXAMINER ALONG WITH FORM PAGES, 2, AND 3 TO USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE IN HEALTH AND MENTAL HYGIENE, DIVISION OF UTAL RECORDS. Giant Food LISUAL RESIDENCE (IF IN NURSING H OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Anne Arundel 13c CITY OR TOWN 3a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 345 Brock Bridge Rd. Laurel 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Affic G. Walter Catherine Cockrille 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWII 223-14-6090 ves Marie A. Walter same as#13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Ethylism 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE A SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIQR TO BUI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LAT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted fram: A Natural causes Homicide Undetermined monner TITLE (SPECIFY) 4/12/1982 Deputy DATE MEDICAL EXAMINER SIGNED 5009 Rayburn Ct., Camp Springs, Md. EXAMINER'S NAME lugusto Rodri 23d. LOCATION 23e.BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY COUNTY STATE SPECIFY) Burial Fort Lincoln Cem BP Brentwood 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** FLECK LAUREL FUNERAL HOME, INC. (VR A15 ME (5))

15M 2/80

-10 C

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH April 22, 1982

8:45

2b HOUR

IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

Prince George's 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife

6. AGE (IN YEARS LAST BIRTHDAY)

83

126 KIND OF BUSINESS OR Own Home

Ormseby

13e STREET ADDRESS 19941 Spur Hill Drive

MIDDLE

ADDRESS

Same as #13

(Son)

APPROXIMATE INTERVAL Cadarnala Fren

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

20n AUTOPSY?

NO Z

CITY OR TOWN

YES T

NO [

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN

22c. DATE SIGNED 4-23-82

23d. LOCATION

Va.

Trancis Casch's Sons Funeral Home, P.A.

250 DAD ACO BY REGISTRAR 256 BEGISTRARS S GNATUR

Arlington

Arlington

DHMH - 16 50M 1/76 (VR A 15 (4))

Hyattsville, Maryland

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STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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WI.	REGISTRAR				CERTII	ICATE OF DEATH		REG. NO.	0 0	-
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1.5	SEX		4 RACE	- 3	5. DATE (		& AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	
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70	BIRTHPLACE (STATE O	R FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	E CITY OR COUN		
Z VI	IRGINIA	1	U.S	.A.	WIDOW	3.0	P	RINCE GE	ORGE'S	
10	CITY OR TOWN OF DE	EATH 1	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION		CCUPATION		OF BUSINESS C
71	CHEVERLY		PRINCE	GEORGE S	GENE	RAL HOSPITAL	(TYPE OF WORK	FOR MOST OF WORKING	G LIFE) INDUSTRY	- 199
130	UAL RESIDENCE (IF NU	RSING HOME OF C	OTHER INSTITUTION				L			
	ARYLAND		Α.	ANNAPOLI	Š	13d. INSIDE CITY LIMITS?	13e. STREET	Bens Dri	.ve	
14 F	FATHER'S NAME				-	15. MOTHER'S MAIDEN NA	ME			
	SMITH	M	NDDLE	WATSON		RENAST		WIDDLE	WATSO	§1
160.	WAS DECEASED EVE		AED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
SIN	(S. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	1-25-0		WILSON R. WA	TSON 4	C Bens I	r. Annaj	polis, 1
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18	underlying cous	se lost.	(c)_							
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4 🖺							YES 🗀	NO ST	TIFYING CAUSES	NO []
l m	210. ACCIDENT WAS UP	NDERLYING	21b. TIME C			21c. HOW INJURY OCCURE		7		
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MEDICAL	21d. INJURY OCCUP		21e PLACE	M. OF INTURY	19	21f LOCATION				
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	226. SIGNATURE	7		0/1		DEGREE			22c DATE	
	100	1	times	XIN	120/1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Paril	11,190
	22d. PHYSICIAN'S N	NAME ITTERSOR	eson) (			22e. ADDRESS 10694	Campi	is Wall	C	
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	FUNERAL DIRECTOR							Ballaca		
	ALA SAE		Ann	apolisas N	ld.	250, DATI		GISTRAR 25b. REG	ISTRAR'S SIGNAT	URE
W.	ILLIAM REE	SE & S	ONS MOR	TUARY, P.	Α.	MA	R 1310	192 /3	0.0	11 -1

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fushauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

09-10-62 12/25	MORTAL		110	
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THE DIRECTOR				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR KNOWN X April A 4-28-82 I. DECEASED NAME (TYPE OR PRINT) ESTI-THOMAS WEAVER DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE (AST BIRTHDAY) black PRONOUNCED male 4-28-82 28, 1923 Jul DEAD 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED FOREIGN COUNTRY) Prince Geroge's County WIDOWED [ DIVORCED South Carolina United States 2, AND 3 TO THE FI 3. RETAIN PAGE 5 SHOULD BE FILED, FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION RECORDS, 201 Prince George's Co. Hospital Cheverly Retired Government JSUAL RESIDENCE (IF IN HURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3g. STATE NIL COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1217 Iron Forge Road YES X NO [ PG Maryland T. PAGES 1 AND 2 SI DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE FIRST WEAVER Mamie Ollis 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (IF YES, GIVE WAR OR DATES) Margaret Weaver-wife-1217 Iron Forge Rd. 579 16 5085 WW2 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, of any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT COMOITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION generalized carcinomatosis 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, YES V EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT. BALTIMORE, MARYLAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 2HO35PM MONTHS self/inflicted MEDICAL 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) Iron Forge Drive District Hts, Md. AT WORK NOT WHILE home AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Undetermined manner death resulted fram: Notural causes Homicide TITLE (SPECIFY) SIGNET4-29-82 \_MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT Penn Street 23a BURIAL CREMATION, REMOVAL (SPECIFY) 23d. LOCATION 5/3/82 Lincoln Memorial Cemetery Suitland, PG, Maryland Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) Pennstlvania Ave. S.E 15M 2/80

On 00, 1983 so

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Settle Section 1

STATE OF MARYLAND

	DECEASED NAM			WIDDLE		LAST		OF ESTI-	MONTH	DAY	YEAR	7b. HOUR
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AMINEK ALONG L-TRANSIT PERM AENTAL HYGIENE J, OR REMOVAL	Condition gove ris	hs, if any, which se to immediate stating the <u>under-use lost</u> .	DUE TO, OR	AS A CONSEQUENCE  AS A CONSEQUENCE	CE OF	ardiovasc	ular dis	ease			EN ONSET A	
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TO FUNE ADOLD BE FORWARDED TO THE CHEIN MEDICAL EXAMINER ALONG TO FUNE ABLAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART 7 DINER SI  Di  190. DATE OF  210. EXTERNA  UNDERLYING CONTRIBUTII  210. INJURY C  WHILE AT WORK	AL CAUSE WAS  AL CAUSE WAS  OPERATION  AL CAUSE WAS  OF DIOCCURRED  NOT WHILE AT WORK  Ty that I taak charge ed from:  Natura	21b. TIME OF HOUR A.M. 21c. TIME OF HOUR A.M. 21c. PLACE C. STREET, FACT of the remains desc	Chronic ION FOR WHICH O  INJURY MONTH DAY Y  OF INJURY (AT HOME ORY, FARM, ETC.)  Cribed obove, held a  Accident	Obst.TI PERATION W  21c. HG  21l. LO  21l. LO  Suicide	AS PERFORMED?  DW INJURY OCCUR  CATION TREET	CITY O	OF INJURY IN ITEM 1:  OR TOWN  UITY , o  d manner	DATE SIGNE	YES YES	s 🗆	STATE

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ADDRESS

SLACK Funeral Home Ellicott City Maryland 21043

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE CHARBAT) OF ESTI-LOUISE WHITE 4. RACE I. SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 1a. M 10 82 Female Negro 66 YRS 7a BIRTHPLACE INVALOR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUR GEORGES WIDOWED X DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED ID. CITY OR TOWN OF DEATH UPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY Seat Pleasant 6313 Seat Pleasant omestic USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6313 Sent Hensont Drive OFWITAL 14. FATHER'S NAME AND Ugine 16a. WAS DECEASED EVER IN U IAL SOCIAL SECURITY NO Philas. PA UNKNOWN 140 None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A ! CERTIFICATION 19a. DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MARDED TO IT.S.
PAGE 3 SHOULD BE USE
STATE DEPARTMENT OF I NO X YES [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, EACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: PA

AFTER DEATH, WITH THE STA

BALTMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Homicide Undetermined manner TITLE (SPECIFY) DATE 4/15/1982 Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Court, Camp Springs, Md. Rodriguez, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION EM. MARION MONTEOMERY BP 24 FUNERAL DIRECTOR Nannie H Burroughs 250 ADALE REC'D. BY **DHMH-17** Inc. 4925 (VR A15 ME (5) Henry S. Washington & Son. 15M 2/80

Aby of the District 

15M 2/80

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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		REGISTRAR				CERTII	ICATE OF DEATH	REG.	NO.				
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914	3 SE.	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HK	
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7/					WIDOWE	4.5	PRINCE GEORGE'S COUNTY						
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Sm of	TIFIC							YES NO		CERTIFYING CAUSES OF DEATH?			
VI. If them 21 is morked or them 18 sho	_	(IF EITHER NOTIFY MEDICAL EXAMINER) P.			M. MONTH DAY YEAR			RED (ENTER NATURE OF IN	RE OF INJURY IN ITEM 18. PART I OR PART ?)				
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		226. SIGNATUR DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 20 APPR 82									PR82		
IMPORTANT: #		JOSE AUGUSTINE, MAJ, USAF, MC  220 ADDRESS MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB MD 20331											
5.	I	URIAL, CREMATION SPECIFY) Burial		/	DO	OP F	EMETERY OR CREMATORY UNERAL HO	ME CITY OR TOWN	HEL	DÉR	. No	therla	
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THE PARAMETERS OF STANDING ila, in the contract of the contrac

	STATE REGISTRAR ECEASED NAME PREOR PRINT) FIRE		MIDDLE	VILLI		20. DATE	REG. NO	MONTH E	AY YEAR	2b. HOU
	Male 4. RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YE		P. Comments	24 HRS. 2c. DA	TE UNCED	APRI	1982 DAY YEAR	2d. HOL 1:22
70.8	BTack BIRTHPLACE (STATE OR OREIGN COUNTRY) N.C.	76. CITIZEN OF W	200	le le	NEVER MARR	IED L	MORECITY O	R COUNTY	1982 OF DEATH	p . 22
174	CITY OR TOWN OF DEATH	OWN OF DEATH II. NAME OF HOSPITAL, N			URSING HOME, OR OTHER INSTITUTION			12a. USUAL OCCUPATION (TYPE OF WORK 12 FOR MOST OF WORKING LIFE)  Retired		
7 × 13a.	AL RESIDENCE (IF IN NURSING HISTORY 136 CO	one or or with printing a county Seat Plea	He CITY OR TOWN	13	d. Inside city limits?	13e. STREET ADD		treet		
9	Hurley Wil	liams	LAST		MOTHER'S MAID FIRST Ada	EN NAME	MIDDLE	6 ° 40	LAST	
160.	WAS DECEASED EVER IN U.S. YES, NO, OR UNKNOWN) (IF YES,  18 CAUSE OF DEATH (Ente	GIVE WAR OR DATES)	579 01 3		William	Harris Harris	address on-nep	hew-7	33 Up	sha]
	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 and									
NO	couse (o) stoting the unlying couse last.  PART 2 OTHER SIGNIFICANT CONDIT	DUE TO, OR			R CONDITION GIVEN IN PA	<b>潤丁】:a</b> i				
TIFICATION	couse (o) stoting the unlying couse last.  PART 2 OTHER SIGNIFICANT CONDIT	OUE TO, OR  (c)  (IONS CONTRIBUTING TO DEATH		NINAL OISEASE OR		RT 1:01			0 AUTOPSYS	
ICAL CERTIFICATION	COUSE (a) stating the unlying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE	DUE TO, OR  (c)  19b. CONDI  S  21b. TIME O HOUR A.A.  OF DEATH	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR	RATION WAS	PERFORMED?		INJURY IN ITEM 18 P		0 AUTOPSYS	, мо 🔀
MEDICAL CERTIFICATION	COUSE (a) stating the unlying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WA UNDERLYING OR	DUE TO, OR  (c)  110MS CONTRIBUTING TO GEATH  19b CONDI  S 21b. TIME O HOUR A.M. OF DEATH  71a PLACE	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY L. MONTH DAY YEAR	RATION WAS	PERFORMED?  / INJURY OCCURRE				YES 🗆	
MEDICAL CERTIFIC	COUSE (a) stating the unlying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that I tack of	DUE TO, OR  (c)  110MS CONTRIBUTING TO DEATH  19b. CONDI  S 21b. TIME O HOUR A.M. OF DEATH P.M. 21e PLACE STREET, FAC.	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR A. 19 DF INJURY (AT HOME, TORY, FARM, ETC.)	RATION WAS  21t. HOW	PERFORMED?  / INJURY OCCURRE	CITY OR T  Undetermined r	y X, and	COUNTY	YES 🗆	ио 🔀
TER DEATH, WITH THE STATE DEPARTA ALTMORE, MARYLAND, 21201 PRIORT MEDICAL	COUSE (O) Stoting the unlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 214. INJURY OCCURRED WHILE AT WORK AT WORK  220. I certify that I taok of deoth resulted from NACTUAL	DUE TO, OR  (c)  110NS CONTRIBUTING TO GEATH  19b CONDI  S 21b TIME O HOUR A.M OF DEATH P.M 21e PLACE STREET, FAC	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY  MONTH DAY YEAR  19 DF INJURY (AT HOME, TORY, FARM, ETC.)  Accident , Su	RATION WAS  21c. HOW  211 LOCA STREE  Autopsy  M.D.	PERFORMED?  / INJURY OCCURRE  TION  Et  Inspection Homicide  TITLE (SPECIFY)  Deput	CITY ORT  In Quir  Undetermined in	y X, one	COUNTY  DATE 4 SIGNED	YES -2-82	NO X

14 - 11

1.			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 8 3 5									
200	REGISTRAR		REG. NO.						G. NO.			
		7 81-01				Willia	ms	OF ESTI	- 🛪		YEAR 75 HOUR 9 82 A	
		E 5.		YEAR LAST BIRTHO		DER 1 YR. IF L	JNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	-1	DAY	YEAR 2d HOUR	
FC	RTHPLACE (STATE OR	76	II S A	AT COUNTRY?	WIDOW	ED D	NORCED T		_	NTY OF DE	ATH	
	TY OR TOWN OF DEA	ATH III					JA FOR	MALOCCUPATION MOST OF WORKING UP TO THE COMMON TO THE COMM	N ITYPE OF WORD	OR II	OF BUSINESS NDUSTRY	
13a, S	AL RESIDENCE IF IN NUI TATE aryland	Pr. G	THER INSTITUTION, GIV	134. CITY OR TOWN	ION)	13d INSIDE CITY LI		EET ADDRESS	nore l	-a.		
	Robert			Wil <sup>1</sup> l <sup>s</sup> iams			15. MOTHER'S MAIDEN NAME			S now		
160. WAS DECEASED EVER IN U.S. ARMED FORCES?  160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  17 INFORMANT ADDRESS										e a#13		
									BETWEE	oximāte interval en onset and Death		
TION												
TIFICA									- 0	YES	S X (HO)	
CAL CE	UNDERLYING OR COUSE OF DEATH 2:504 4714 A Passenger in auto in collision wi						PARI 21	arked				
MED	WHILE NOT	WHILE	STREET, FACTO	DRY FARM FTC )	5	TREET	Temple	CITY OR TOWN			STATE PGCO MD	
		2007				Homicide	ordon Ty) Under	Inquiry ,	and in my o	opinion		
	EXAMINER'S NAME (TYPE OR PRINT)	Horm	ez R. Gu	ard,M.D.		ADDRESS	111 P	enn Stree	et,Balt	o MD	21201	
1	Burial	4-	17-82	Ft. Lin	METERY O	Cemet	ery Br	entwoo	d Pr.ºº	ΰeο.	W.S.LE	
24. F	NAME 16,0	00 Anr			e, M			1000		SIGNATUR	IE 27/cm	
	1. DE (TYPE TO THE CATION TO T	Male Whi  To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Wash. D.C  ID CITY OR TOWN OF DEA  Cheverly  USUAL RESIDENCE IF INNU  13a, STATE  Maryland  14. FATHER'S NAME  ROBert  16a. WAS DECEASED EVER  (YES NO. OR UNKNOWN)  Yes  18. CAUSE OF DEAT  PART I DEATH W  Conditions, if a gove rise to a couse (a) stoting  lying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU!  UNDERLYING  CONTRIBUTING  CONTRIBUTING  21d. INJURY OCCUR!  WHILE  AT WORK  AT W  22a. I certify that I death resulted from  ACTUAL  STRATUE  EXAMINER'S NAME  (TYPE OR PRINT)  23a. BURIAL, CREMATION, R  ISPECEY)  24. FUNERAL DIRECTOR	1- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  Male White  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C.  10. CITY OR TOWN OF DEATH Cheverly  USUAL RESIDENCE IF INNURSING HOME OR OR 130. STATE Maryland  14. FATHER'S NAME ROBERT  160. WAS DECEASED EVER IN U.S. ARME (YES NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED B  18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED B  18. CAUSE OF DEATH (Enter only or PART 1 DEATH WAS CAUSED B  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION 210. EXTERNAL CAUSE OF DEATH AT WORK OR  210. EXTERNAL CAUSE OR  210. EXTERNAL CAUSE OR  AT WORK OR  210. EXTERNAL CAUSE  AT WORK OR  AT WORK OR  210. EXTERNAL CAUSE  AT WORK OR  AT WORK OR  AT WOR	To state Registrar  I. DECEASED NAME (TYPE OR ARINIT)  JOHN   TORCEASED NAME (TYPE OR PRINT)  JOHN  R  3. SEX  A RACE  MADIE  JOHN  R  JOHN  R  3. SEX  A RACE  MADIE  JOHN  R  JOHN  JOHN  R  JOHN  JOHN  R  JOHN  JOH	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C  I. DECEASED NAME (TYPE OR PRENT)  JOHN  R  JOHN  J	FOR   STATE   REGISTARE   MEDICAL EXAMINER'S CERTIFICA	DEPARTMENT OF HEALTH AND MENTAL HYGIRE REGISTRAR    DECEASED NAME	Topic   State   Registrar   State   Registrar   State   Registrar   Registra	1- FOR   STATE   REGISTRAR   DEPARTMENT OF HEALTH AND MENTAL HYGISME   DECEASED NAME   CITY OF MENTAL   REGISTRAR   DECEASED NAME   CITY OF MENTAL   REGISTRAR   REGISTRAR   RECINOR 24 HS 27 DATE   MORE   MENTAL MARKED   MENTAL MARKE	DEPARTMENT OF HEALTH AND MENTAL HYGIBRE  REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DATH  REG. NO.  MILLIAMS  JOHN  JO		

905676 8. Williams Jean C. Sarw Yes 1978-62 220-80-1694 Robert S. Williams Same sli

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Cushica-Food Stone

3003 Traymore Laure

Baril Lall-80 Ft. Lincoln Cometer Tentudor P. Geo. Mil. Belli Funcil - Come 16,000 Annapolis Kr. Jowie, Mr.

							MARYLAND		2017		
		FOR STATE		445			H AND MENTAL HY	GIENE	1 (	8 C	3 6
ļ		REGISTRAR CEASED NAME	FIRST	IVIE	MIDDLE	MEK 2	CERTIFICATE OF	DEATH	REG. NO.		- In Inc
			XXX	ames	Н.	WILSO	N, Sr.	20. DATE KN OF E DEATH M	STI- ATED 4-4		EAR 26 HO
ł	3. SEX	^		ATE OF BIRTH	6. AGE (IN	YEARS IF U	NDER 1 YR. IF UNDER 2		MONTH	19 <b>8</b>	YEAR 24 HC
	M	ALE Whi	te 1	T-29	- 89 92	YRS. MON	THS DAYS HOURS	PRONOUNCE DEAD.	4-4	18	
1	FO	RTHPLACE (STATE OR REIGN COUNTRY)	7b. (	ITIZEN OF W		8. MARE	RIED NEVER MARRIE	D	E CITY OR COU		H
4		ary land		U.S.	SPITAL, NURSING HO	WIDO		D Print	ce Geor		AF BUSINESS
		HEVERLY		IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS AVENUE	S)	HEKINSTITUTION	FOR MOST OF WORKING	yer-Ret	OR INE	USTRY
7		ATE 135	COUNTY GE	ER INSTITUTION, O	HIS CITY OR TOWN	1	13d INSIDE CITY LIMITS?	2814 63 r			
2			r. 6€	0,	Chever	/			d Ave.		
		James	H.	DLE	Wi Tson		Virgini	A IDD	E	Botz	er
	160 V	AS DECEASED EVER IN (IF		FORCES?	16b. SOCIAL SECUI		17. INFORMANT		ADDRESS	- // 1	2
Į		NO			212-09-	9000	Barbara	J. Wilso	n Same		3
		18 CAUSE OF DEATH (I PART I DEATH WAS	CAUSED BY:	e couse per a	WC11707176	0	the wrong	my Alan	180-1	BETWEEN	ONSET AND DE
н		1000 IM	MEDIATE CA		R AS A CONSEQUENCE	-	100 66 60 728	La brace	-66-7		
		Canditions, if ony,	which	DOE 10, 0	K AS A CONSEGUENC						
ı		gave rise to imi	mediate	(b)	D. A.C. A. CONTINUENCE						
		lying cause last.	under-	DUE 10, O	R AS A CONSEQUENC	EOF					
EDICAL EXAMINER S A BURIAL-TRANS ITH AND MENTAL I ATION, OR REMOV		(<) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
	Z	CONTINUE OF CONTINUE OF THE PROPERTY OF THE LEASTING UNITED STEEL IN TAKE ( 10).									
	ATIC	196 DATE OF OPERATIO	N	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTO	PSY?
0	IFIC									YES	□ NO!
5	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE	WAS	21b. TIME C			OW INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF		
2	ALC	UNDERLYING OR	JSE OF DEAT		M. MONTH DAY YE M. 19	AK					
ı	EDIC	214 INTILIPY OCCUPPED		21e PLACE	OF INJURY (AT HOME	21f. LC	OCATION STREET	CPV 00 VC		COUNTY	STA
	×	WHILE NOT WHAT WORK	K	STREET, FA	CTORY, FARM, ETC.)		SIREET	CITY OR TOWN		COUNTY	STA
	1			the remains d	escribed obave, held a	Auto	psy , Inspection	X Inquiry 5	(), and in my	aninian	
		death resulted fram:	Notural co	TX1	Accident .	Suicide [	Homicide .	Undetermined mann		apiman ,	
	11	Gedit resolted fram:	14010101 (0	0	Accident Cas,	Joicide L		Chockeralineo moni		4-4-8	22
	.11	ACTUAL SIGNATURE	quite	XV	Tollesse	2 _	DEPUTY(FY)	MEDICAL EXAMIN	DA'	TE INED	)
pr.		1	1114 6	1	7	X					
4	-	(TYPE OR PRINT)	GUSTO	P. RO	DRIGUEZ. 4	1.D.	ADDRES 5009 RA	YBURN CT.C	AMP SPRI	INGS, MD	2074
	23a.B	URIAL, CREMATION, REM	OVAL 23b. D	ATE	23c. NAME OF	CEMETERY	OR CREMATORY	23d LOCATION			
	E	Burial	4-7	7-82	Parkw	000 (	Cemetery	Balt.	Bla K	N	d.
			edl	Funer	al Home		250 DATE R	EC'D. BY REGISTRAN	A HEGISON	an las a	-
	5				d. Bowie	Md.	APR	7 1982	and G		

XXXX James ... State of the second state of th 100 June - Ret. 1 151-18 Mc. Dr. Geo. Cheverly x 2019 Gine over dames M. Halana VI mini Vanita 812-09-9808 Banb real wilson 5 me as #19 THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE LAND OF THE PARTY OF 1-7-02 Parkenor Cenetors Shit Sell Fundrol Hore 16,000 meanolis de. Ecric, Hr.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

	1-	REGISTRAR	CERTIFICATE OF DEATH REG. NO.							O			
1		CEASED NAME FIRST		MIDDLE	Į.	AST	2	a DATE OF	DEATH	MONTH	DAY YEAR	2b HOL	)R
		HERMAN W.			WI	TT				14/82	8:1	5P M	
t	3. SE)		4 RACE		5 DATE C		46.10	AGE (INY	EARS LAST BIR	THDAY)	MONTHS DAY		24 HRS
	Ma.		Caucas		July	6, 191	5 6	56		YRS.			
10	-	RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	NEVER MARK	RIED X	BALTIMO	RE CITY O	RCOUNTY	Y OF DEATH		
2		rginia	U.S.A		WIDOWE	D DIVOR	CED .	PRINCE GEORGE'S COUNTY,					MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INSTITUT		20. USUAL O			126. KIND INDUSTR	OF BUSINE	ESS OR
40		LINTON			ND HOSPITAL			Elec	tric	ian	U.S	4 470	vt.
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP  Tyland Pr.	VIY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hillcre	٧	13d INSIDE CITY L	IMITS?	3. STREET .	Kea	ting	Stree	et	
		THER'S NAME				15. MOTHER'S MA					2	18.	
0	He	rman W. Witt	, Sr.	LAST		Myrt	le Bu	rsey	MIDDLE		l l	AST	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	4-1	3-3-19	ADDRE	\$2706	Lime	Str	reet
	Y	es, no or unknown) (IF YES, GIV	nown	579-01	-1112	Evely	yn M.	A11:	ison	Temp	emple Hills, MI		
		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and	l tes		A	VI.		1000	APPRO	XIMATE INTER	PEATH
	100	PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	Cand	La	car	rest						
		4960	DUE TO, O	R AS A CONSEQUE	NCE OF		0						
		Conditions, if ony, which	( (b)_	resper	ale	our de	rele	ene					
		gove rise to immediate couse (a), stating the	DUE TO, O	LASA CONSEQUE	NCE OF	10 1		- /					
		underlying couse lost	(c)_(	ener	uc	alisen	reliu	u R	un	h			
	NO	PART 2 OTHER SIGNIFICANT	ONTRIBUTING TO D	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			AL DISEASE	ORCON	DI ION GIV	EN IN PART	(0)		
Ž,	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTO	PSY?	20b. IF YES	S, WERE FIND	INGS USE	D
1	TIE						YES NO YES YES					NO [	
2	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY	Y OCCURRED	) (ENTERNA	TURE OF INJUR	RY IN ITEM 18	PART 1 OR PART 2}	- 10	
7	CAL	OR CONTRIBUTING CAUSE OF DE	AIN .		19								
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA		211 LOCATION	-	CITY OR TO	WN	COUNTY		TATE	
	2	AT WORK AT WORK	(AT HOME STR	EET, PACTORY, OFFICE, PA	C .		· c .						
H	ы	22a.1 certify that (1) (this haspi		e deceosed from	91	24 1	90	, to	4 11	4	19	, that (h (s	we) lost
		saw the deceased plive on obove, (1) (we) (did) (did no	t) view the body	after death.	a- or	nd that in (my) (our	) opinion dec	oth occurre	d on the de	e and hou	er and from th	e couses sto	oted
		22b. SIGNATURE				DEGREE	17.5	100			22c. DAT	ESIGNED	
		Mial	u		PHYS	NDING TO	MEDICAL DIRECTOR	STAF	IAN 🗌	141	14/2	82	
		22d. PHYSICIAN'S NAME (TYPE C	PRINT)			22e ADDRESS				1970			
		M. Talegani,	M.D.			4467 0	ld Br	anch	Ave	. Ten	nple H	Hills	. MD
		SURIAL, CREMATION, REMOVAL				EMETERY OR CREA	MATORY	23d LOCA	TION				
		frial A	pril 1	7, 1982	Ceda	ar Hill	Ceme	tery	Sui	tland		A SPORT	MD
	24 FL	INERAL DIRECTOR Lee F	uneral	Home.	Inc.		25a DATE R			250 GIST	TRARE	Mar	pla.
3	01	Old Alexander Ferry Rd., Clinton, MD APR 19 1982 Chances								0			

BP. DHMH-16 50M 1/81 (VRA 15, 6633

MPORTANT: If Item 21 is

V & & O F S C D S 3 V ale totales out 6, mark 66 Ale. o. protection previous fr. Geo. williams Heath a sent for Street Mornon W. Hith St. The second will be the second of the second THE WAY IN THE TELEVISION OF THE PARTY OF TH d .- talk elamba... www.hongod hip That The two less than the constant of the constant FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

	REGISTRAR		CERT	IFICALE OF DE	AIN	REG. NO	).				
j	T DECEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	IR	
		ristel	G.	Wrede		April	28,	1982	6:01	AM	
	3 SEX	4. RACE		E OF BIRTH		AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR			
	Female	white	9.	-22-1935	YEAR	47	YRS	MONTHS DAYS	HOURS	AA IN.	
-	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	RIED NEVER MA	ARRIED 7	BALTIMORE CITY OF	COUNT	Y OF DEATH			
	Germany	Canada	WIDO	WED DIV	DRCED	Prince George County					
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING HOM TY, GIVE STREET ADDRESS)	E OR OTHER INSTIT		120 USUAL OCCUPATION		126 KIND	OF BUSINE	SSOR	
1		Greater La				Credit Man.		Bank		0.16	
1	130 STATE Md.	b.	SIDENCE BEFORE ADMISSIO	13d. INSIDE CIT	NO [X] OV	3e STREET ADDRESS 3276 W.B. &A	. Rd.				
		WIDDLE	LAST	15 MOTHER'S	MAIDEN NAME	E			ist .		
Ų,	Paul	Muelle		Loui				Hildebr	andt		
1	160. WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	OCIAL SECURITY NO			ADDRES			115		
4	No	579	-64-6795	Michael	B. Eng	gel S	ame	as #13			
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY	te & to	1 Adom	nlah	unoma	)	BETWEEN	XIMATE INTER	DEATH	
1	199 IMMEDIAT	199 IMMEDIATE CAUSE (d) THE TOUR									
1	Conditions, if ony, which	DUE TO, OPPAS A	CONSEQUENCE OF	Carrie	MIN	,					
1	gave rise to immediate	gave rise to immediate									
1	underlying cause last	DUE TO, OR AS A	CONSEQUENCIA	y Size	Un	moun					
ı	PART 2: OTHER SIGNIFICANT C	ONDITIONS CONTRIL	BUTING TO DEATH &	T NOT RELATED T	O THE TERMIN	I AL DISEASE OR COND	ITION G	IVEN IN PART 1	(a '		
	NO.						1				
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERAT	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
4	RTI					YES NO	Y	ES 🗍	NO [		
		21b. TIME OF INJU HOUR A.M. N	ONTH DAY YEA	AR 21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)			
	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19								
	216. INJURY OCCURRED	21e. PLACE OF INJ	TORY, OFFICE, FARM, ETC.)	21f LOCATION		CITY OR TOV	VN	COUNTY	5	TATE	
1	AT WORK AT WORK		1		- 22	4.0	8/	0			
1	220.1 certify that (this haspi			and that is implied	19 8	ath occurred on the do	0			ve) last	
1	saw the deceased olive an above (A) (we) (did) (did no 22b. SIG) in TUIT	t) view the bady after o	leath.		or) opinion de	ath occurred on the do	te ond ho			oted	
ı	III. SIGNAYAN	reprive		DEGREE AT	TENDING TYSICIAN	MEDICAL STAF		LA.	28-8	2	
1	774 PHYSICIAN'S NAME ITERS	and the		22e ADDRESS	TOICIAIN IN	O O I D	AIT		1		
	B. G. Man	yoldle or	W	1420	1 Kan	rel yark &	to	unel.	Ma a	1090	
	230 BURIAL, CREMATION, REMOVAL-	23b. DATE	23E NAME OF	CEMETERY OR CR	EMATORY	23d LOCATION CITY OR TOWN		COUNTY	S	TATE	
	Burial 24 FUNERAL DIRECTOR	4-30-82	Epipha	ny Cemete		Odenton	A	ACO.	mild.		
	PARTICIPATION NA Hardesty Fun	ieral Home	ADDRESSAnnap	olis, Md.	APR	29 1982	CANCEL CONTROL	1 1 4	Meth	en	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any

7 8 company of the same 

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

MALE O BIRTHPLACE ISTATE OR FOREIGN

ennsylvania CITY OR TOWN OF DEATH

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

P. WISOTSKY

3 SEX

should be filed

carbon popers. Pages

the burial-transit permit Then please and Mental Hygiene prior to burial, or

or Item 18 sho

IMPORTANT: If Item 21 should be detached with the State Dept.

MEDICAL

completely filled in by

COUNTRY

3a STATE laryland FATHER'S NAME FIRST

CLINTON

STEPHEN

Pr. Geo.

MIDDLE

RACE

Caucas

76. CITIZEN OF W

U.S.A

NAME OF H (IF NOT IN SUCH

SOUTHER

	STATE OF MARYLAND	
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2	108

DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2 1 0 8 3 9						
DDLE	į.	AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
	Y	DSYK	4/1/82 1: <b>0</b> 1P <sub>M</sub>						
ian	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS MIN.						
HAT COUNTRY?	8	NEVER MARRIED	PRINCE GEORGE'S COUNTY, MD.						
OSPITAL, NURSINI FACILITY, GIVE STREET A MARYLA!	ADDRESS)	SPITAL	120 USUAL OCCUPATION 11VEDE WORK FOR MOST OF WORKING LIFE) FOSTAL Service						
THE RESIDENCE BEFORE CLIV OR TOWN CLINTON		136 INSIDE CITY LIMITS?	130 STREET ADDRESS 5005 Eastwood Court						
LAST		Doruca	Maryzuas						
66 SOCIAL SECUI	RITY NO.	17 INFORMANT	230 ss Jefferson Davis						
123-22-	6500	Patricia 1	Halt Arlington VA Highwa						
ne far (a), (b), and	lici)	NIAI IA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						

	Yes	MMII	123-22-6500	Patrici	a Halt	Arli	noton	VA	High
		which dedicte g the lost (c)	R AS A CONSEQUENCE OF	DIAC.	INFAA			BETWEEN ON	DAYS
CERTIFICATION	19a DATE OF OPERAT	196 COND	TENSION NITION FOR WHICH OPERATION	WAS PERFORMED	YES 🗆	TOPSY?	20b IF YES, WE IN CERTIFY INC	CAUSES C	
U	210. ACCIDENT WAS UND		OF INJURY	21c. HOW INJURY	OCCURRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	

4 WEUMUSUL NOCENZION % CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d. INJURY OCCURRED 71e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC ) NOT WHILE

21f LOCATION

CITY OF TOWN COUNTY STATE

52 saw the deceased alive an abave, (1) (we (did) (and not) view the bady after death. and that in (my) town) opinion death accurred an the date and hour and from the causes stated DEGREE 22c. DATE

ATTENDING

PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

m

MEDICAL

M DIRECTOR PHYSICIAN

6188 Oxon Hill Rd., Oxon Hill, MD

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 04/05/82 Burial Veterans Cem.

Cheltenham, Pr. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STAFF

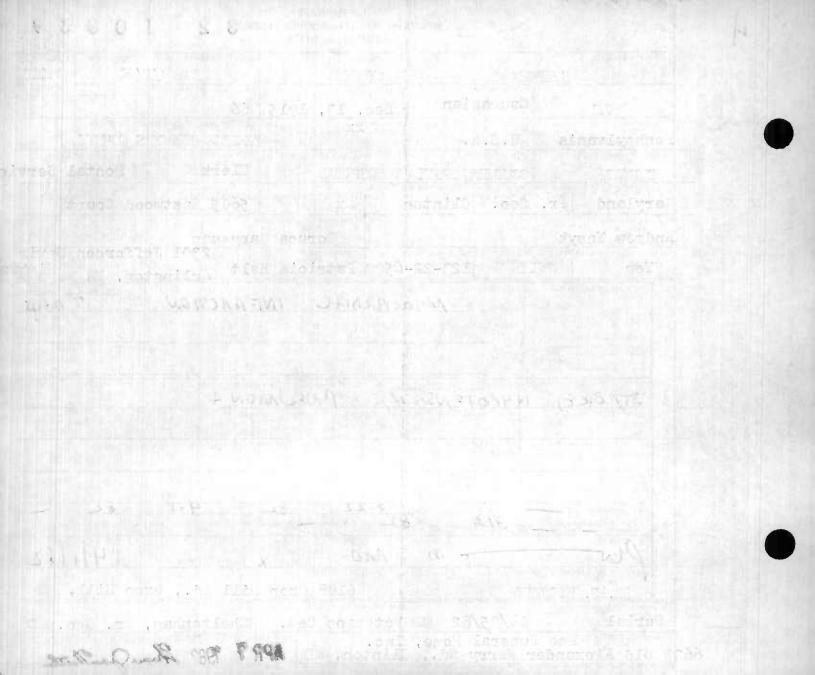
Old Alexander Ferry Rd., Clint 24 FUNERAL DIRECTOR Clinton, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

FUNERAL DIRECTOR.

HOSPITAL etoined by



1					STA	TE OF MARYLAND							
ı	1-	FOR STATE				TMENT OF HEALTH AND MENTAL HYGIENE							
ı		REGISTRAR			CERT	IFICATE OF DEATH	0	REG. NO.	- 1	0 0	4	U	
١		. DECEASED NAME EIPT (TYPE OR PRINT)		MIDDLE		LAST	20. DATE O	FDEATH MON	ITH DAY	YEAR	26. HOUR	7	
١			Kate		YOU			4	-3	-82	102	AM	
ı	3 SEX		ľ	RACE	MON	OF BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY	Y) IF U	THS DAYS	HOURS /	HRS MIN.	
		EMALE		WHITE	Marc	h 17, 1893	8	9	YRS		,,		
1		OUNTRYL		CITIZEN OF WHAT C		IED NEVER MARRIED		RE CUTY OR CO					
j		ashington		U.S.A.		VED DIVORCED		Prince (	nce Georges MD.			MD.	
J		TY OR TOWN OF DE	ATH * 1	1. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL	OCCUPATION		126 KIND OF	BUSINESS	OR	
À		reenbelt				rsing Center	Hou	sewife	AKINO LII LIJA		Home		
1	30. S	AL RESIDENCE (IF NUR		THER INSTITUTION GIVE RESE		1 13d. INSIDE CITY LIMITS	2 12 "TREET	ADDRESS		7.			
4	M	laryland	Prin	ce Geo. Hya	ttsville	YES NO		674 Ave	enue,				
١	14. FA	THER'S NAME	M	DDIE	LAST	15 MOTHER'S MAIDEN	INAME	WIDDIE		LAST			
		George			evens	Emma		MIDDLE	Harr	rison			
		VAS DECEASED EVER		ED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT		ADDRESS					
1		No		218	20 1395	Kate R. Ca	atloth 8	Same as	#13	(Neic	e)		
I		18 CAUSE OF DEAT	H (Enter only	one couse per line for i	a), (b), and (c).)	A-1	1	1		APPROXIM BETWEEN OF	NATE INTERVA	L ATH	
1	90	PART I. DEATH V	IMMEDIATE	/ 1	enosoli	volce (a	Meora	souls	W	2	5 un	0	
1		4292 DUE TO, OR AS A CONSEQUENCE OF DISCASO,								//			
ı		Conditions, if ony, which (b)											
ı		gave rise to im couse (a), stati	ng the	DUE TO, OR AS A C	ONSEQUENCE OF								
ı	8	underlying couse	e lost	(c)				- 1		A		1	
ı	-	PART 2 OTHER SIG	700	NOTIONS CONTRIBU	G TO DEATH BY	ON RELATED O THE T	ERMINAL DISEAS	EXPR CHAIL	DANIE	NAMA	LINIA	Vine	
	CERTIFICATION		Cla	Louic 1	grain .	Lyndrou	Re and	K P	DULA	MANU	2111	no	
1	ICA	Na DATE OF OPERA	TION	IN CONDITION TO	R WHICH OPERATE	ON WAS PERFORMED	200 AUT		LIFYES, WI		JSED	S.	
9	RTIF					1	yes 🗍	NO	YES [		NO 🗍	~e	
	-	Of CONTRIBUTING	Section 1	HOUR A.M. MC	INTH DAY YEAR	THE HOW INJURY OCC	CURRED (Liver to	HUNG OF PAGES IN	TO 18 FART 1	DRYARI SI			
ı	MEDICAL	LIFERINGE, NICHTS MED	KALELAUNER:	P.M.	19								
I	VED	314 INJURY OCCUR	RED	21s. PLACE OF INJUS		TH LOCATION		CITY OR TOWN		COUNTY	11143	4:	
		ATTEL D YOU	7			1		0.1	2- 5	O			
		22x.1 certify the	(this hospito	MADON	grom and	June 5	7 10_	april	2,100	5/	of the	lair	
I		above Dw	1	New the body after day	04)		ion death occurre	d of the date of	nd hour one	d from the co	pulses stated	d	
		22k SIGNATURE	0170	1.600	-110	DICEET	G MEDICAL	STATE		THE DATE S	GNE		
1		-U	MIN	CALLIX I	occar	10 (1945)CIAN		PHYSICIAN		4/	3/82	_	
	7	22d. PHYSICIAN'S N	AME DIE	PRINT)	1	THE ADDRESS				1/	1	Till	
1		DR.	K	03501		5701 85th	Ave. New	Carrol	1ton.	Md.			

230. BURIAL, CREMATION, REMOVAL BUTTAL 23b. DATE 4/7/82 Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland DHMH - 16 50M 1/81 (VRA 15, 4)

231. NAME OF CEMETERY OR CREMATORY Bethel Cemetery

Alexandria Fairfax

Va.STATE

250. DATE REC'D. BY REGISTING MEDITORS (1982)

My and the ose . Chiese IV TUNES B. Catloth Same as 13 (finion) 370) 85t Ave. New Carrellian, co. Elexandria Fairlar wistoned fortime . nV Sydness farch's Sons Supervil Home, M. J. dentifying officering